Welcome to the Core Clerkships!

Welcome!

You are about to enter the world of clinical clerkships. We are your Senior Associate Dean and Assistant Dean of Clerkship Education, and we will be overseeing your clinical experiences. The next two years will be jam-packed, inspirational, challenging, and exciting. We are confident that you will look back one day soon and be amazed at all you have learned and realize that you are ready to make that transition from student to doctor.

In this section of the portal, you will find important information common to all core clerkships. You will receive additional information either before or at each clerkship orientation session. If you have questions, please contact Dr. Szewka at Aimee.J.Szewka@rush.edu or Jan Schmidt, the Assistant Director of Clinical Curriculum at Jan.L.Schmidt@rush.edu or (312) 942-6458. Clerkship directors also encourage you to contact them anytime you have a problem or concern.

Applying the Roles in Clerkships - Tips for Success!
Applying the Roles in Clerkships - Tips for Success!

**Practitioner**
- Take ownership of your patients. Know their pertinent data and lab and test results. Try to formulate a plan for their care.
- Become an active member of your team.
- Read specifically about your cases on a daily basis and ask informed questions about your patients during rounds.
- Be available and enthusiastic when on call.
- Practice your presentations so they are fluent, concise, complete, and dynamic.

**Medical Knowledge**
- Carry some reading material with you for “down time.”
- Read around your patients but also stay on a consistent reading schedule to make sure you get all content.

**Professional**
- Manage stress by eating sensibly, exercising, getting sleep in your off hours, and confiding in family and friends.
- Know your responsibilities, regardless of the setting.
- Keep track of all of your patients, your course requirements.
- Turn things in on time!

**Scholar**
- Seek learning opportunities from every patient encounter.
- Recognize that you are responsible for your own learning: the more you put into the experience, the more you will get out of it.
- Display intellectual curiosity. It goes a long way.
- Use information-seeking skills to address any knowledge deficiencies.
- Develop a reading plan (e.g., if a text has 24 chapters, try to read three chapters a week).

**Advocate**
- Identify opportunities to identify patient healthcare barriers and pursue options to help them overcome.
- Evaluate the health care system and pay attention to societal factors that play a role in patient health.

**Leader**
- If you see something, say something - patient safety falls on every member of the team.

**Collaborator**
- Take the time to learn from EVERYONE on the health care team: nurses, physical therapists, patient techs – they
Clerkship Attendance Policy

**Last Approval:** June 2020 by Core Work Group & Committee on Curriculum & Evaluation (CCE)

**Contact:** Aimee Szewka, MD, Assistant Dean of Clerkship Curriculum

**Regulatory Element:** LCME Element 8.8

**Background:** The 3rd year clerkships are an invaluable opportunity for medical students to experience first hand the clinical environment and to begin to develop their professional identity as a physician. Particularly in our current situation, it is paramount to maximize the time that students have in the clinical environment while making sure the students have the resources and time that they need to maintain personal safety and wellness.

**General Expectations**

Daily attendance and punctuality are *required* in all clerkship/team/clinic activities.

- Absences must be excused by clerkship leadership (clerkship director/ coordinator). Resident/ faculty members alone may not excuse students from clinical activities.

- Changes must be discussed with clerkship leadership. It is not sufficient to “trade shifts” with your classmates.

- Communicate with your intern/resident and/or attending regarding dismissal once you have completed all of your clinical responsibilities.

- Expect to work 6 days a week.

- There will be weekend responsibilities on most clerkships.

- While there are no overnight call experiences, there are several clerkships that require late shifts or night float experiences. All efforts will be made to provide this schedule to you in advance, but due to uncontrollable circumstances or clinical needs, there may be last minute changes.
Holidays

- In the clinical environment, holidays are not automatically off. When participating on a patient care team, students will be expected to participate in clinical duties along with their team.

- All students have July 3-5, 2020 free from clinical duties

- All students will receive 2 days off for the Thanksgiving Holiday. The specific days will be arranged with the individual clerkships.

- Students should expect to work for the Labor Day Holiday. It is not automatically off.
  - These holidays will be assigned based on available clinical experiences.

- You may request to take time off for religious holidays or special events - please make your request using the time off form linked below.

- The clerkship leadership will attempt to adjust the schedule to align assigned days off with the days off request.

Academic conference policy

We recognize the importance of being able to travel to participate in academic society conferences; however, we also need to ensure that students have adequate time in the clinical environment to develop their clinical skills and satisfy their educational requirements.

We are in unprecedented times and many conferences and meetings are being cancelled and/or being offered virtually.

- Students should try to arrange their elective/free time around the time of a desired conference.

- If students have a conference during a core clerkship, the clerkship leadership will attempt to adjust the schedule to align assigned days off with the conference time.

- For more than the allotted days in a given block, the student must submit a letter from their research mentor to the OIME for consideration.

- Time off for conferences must also be approved by clerkship leadership.

Health Days/ Wellness Days

The clerkships are a valuable time in the clinical environment to learn from your patients and the patient care team.

- Whenever possible, make personal health maintenance appointments during your time off/ elective block.

- If you do need time off for personal reasons or medical appointments during a clerkship, you can take off up to 2 "Health Days" (no more than one half day off per three week rotation/ one day off per six week rotation) during the academic year.

- Each clerkship has blackout days during which you cannot take health days.
• Health days must be requested at least by the Friday 2 full weeks before a new rotations or new block starts.

• Please review the full policy here (https://rmc-integrated-curriculum.knowledgeworld.com/home/health-days).

Requesting time off

• Plans should not be made until a formal request has been submitted and approved! Hold off on making flights and accommodation plans until you have final notification.

• No more than 2 days off from a 6 week clerkship and 1 day off from a 3 week clerkship may be requested


• Students must formally request time off as early as possible, but at least 1 month in advance of the clerkship for conferences or other events.

• Any issues with days off or special instances requiring more days off than allowed should be referred to OIME.

• Clerkship directors may require make-up days on an individual basis.

Managing Personal Illness/ Unexpected Time OFF

We recognize that a personal illness or family emergency, which can affect your ability to work, can occur at any time.

• There is absolutely NO circumstance in which you should come to work if you are experiencing any symptoms that are concerning for COVID

• Contact both the clerkship/sub-internship director, clerkship coordinator, and those with whom you are assigned to work as soon as possible if you need to take an unexpected absence or you are going to be late.

• Expect to make up any missed days unless otherwise informed by the clerkship director.

Personal responsibility regarding illness

• If you are experiencing any COVID-like symptoms such as a fever, chills, cough, shortness of breath, sore throat, body aches, or new loss of taste/smell, it is important that you isolate yourself at home and seek COVID testing through Rush employee health. Do not work while sick.

• If you have had close unprotected contact with someone who has been diagnosed with COVID, please contact Lifetime Medical Associates. You may be asked to self-quarantine for 14 days from the date of exposure.

• Students, faculty and staff can take advantage of free virtual screenings for coronavirus using the MyRush app.

• Log in to the MyRush app.
Select Virtual Care.

Select On-Demand Video Visits and confirm your location.

When asked, “What brings you here today?” scroll to the bottom of the list of options to choose Concern for Novel Coronavirus as the reason for your visit.

You may also reach out to Lifetime Medical Associates for an evaluation.

**NBME Examination**

- The NBME Shelf examination is typically a proctored, in-person examination that cannot be taken virtually. It almost always is scheduled on the last Friday of the clerkship.

- For the foreseeable future, the majority of the NBME shelf examinations will be administered virtually. You will be informed about any changes in advance.

- The examination is required for passing all of the clinical clerkships and must be taken prior to completing the clerkship, unless the student is granted an Excused Absence.

- It is possible that students will be testing until 6:00 p.m. or later. Please be very careful when scheduling flights on an exam day, and make sure that you have confirmed testing dates and times before making travel plans.

- Please see the NBME Examination Absence Policy for further details.

**Consequences**

- Clerkship directors MUST report any student missing more than 1 day for a 3 week clerkship or more than 2 days from a 6 week clerkship for any reason to the OIME.

- Recurrent unexcused tardiness during a clerkship will result in lowering of the professionalism grade and is grounds for failure.

- A single absence that is not approved (unexcused) by OIME or clerkship leadership may result in lowering of the professionalism grade and may be grounds for failure. This includes any travel arrangements that are made prior to approval by clerkship leadership.

- Missing more than 1 day in a 3 week clerkship and 2 days in a 6 week clerkship (aside from the regularly scheduled days off) may result in incomplete or withdrawal from the clerkship.

If at any point, it is not clear how to manage an acute situation or another time off need, reach out to Jan Schmidt (Jan_L_Schmidt@rush.edu) or Dr. Aimee Szewka (Aimee_J_Szewka@rush.edu), and we will help you figure it out!
Time for Electives in the M3 Year

The M3 year schedule allows for 2 weeks of elective time within a 3 week block (unfortunately, this time was truncated due to schedule changes from COVID) – this elective time does not count towards the graduation requirement, but is an excellent opportunity to experience one of the unique clinical realms not available during the M3 clerkships.

Electives needing to be added prior to 9/28/2020 will require you to contact Jan_L_Schmidt@rush.edu in order to get it on your schedule.

Electives can be scheduled through Oasis and are available on a first come, first served basis.

Information on starting the elective, including where to report, is available in the Oasis Catalog – any questions should be addressed to the elective coordinator or the elective director (not all electives have a coordinator).

The same standards for attendance and professionalism apply during elective experiences.

Elective Grade Determination

- Each elective has a different grading scheme, but all the electives continue to use the pass, high pass and honors format.
- Grade determination should be discussed at elective orientation
- There is an online mechanism for feedback that is utilized in the M4 clinical electives that you may be asked to use. Here is a link to student instructions - http://rmc-integrated-curriculum.knowledgeowl.com/help/m4-elective-feedback-form---student-guide

Collecting Histories & Performing Physicals

The History and Physical Exam

- You should perform a complete history and physical exam on all patients who are new to you.
- In order to recognize abnormalities, you need to know what normal looks like.
- Unlike attending and resident physicians who have more clinical experience and may do a directed history and physical exam, your histories and physicals should be as complete as time allows.
- Do not hesitate to verify your physical exam findings with your supervisor (resident or attending). Make sure you understand abnormal findings and their significance.
IMPORTANT! The following exams should be performed only when indicated by a supervising physician and must be chaperoned by a medical assistant, nurse, or physician:

- Female breast or pelvic exams
- Male GU exams
- Rectal exams

Before performing any of these exams, request a chaperone to come into the room with you. Document in your note the name of the chaperone and the fact that he/she was present during the exam. A female chaperone should be present for a female patient.

Opportunities for Observation of Clinical Skills

- Formal observations of core history and physical exam skills relevant to the discipline will occur during each core clerkship rotation. See Clerkship Specific Syllabi for further details.
  - For example, in the psychiatry rotation, you will be observed interviewing a patient and performing a mental status exam.
  - In pediatrics, observed skills include history taking and performance of a newborn and well-child exam.
  - These activities are documented by a faculty evaluator who completes a form for the observed history and physical exam skills.
  - You will also attest to completion of the observation.
  - Demonstrating competency in the identified core clinical skills is a requirement for each core clerkship rotation.
- Informal observation should frequently occur – do not hesitate to ask for observation of an examination skill or history taking. This allows for timely and directed feedback and is the best way to improve!!!

Health Maintenance

- Health Maintenance, or preventive health care, is an essential component of medicine.
- Although some patients will present specifically for such services, as when a child is brought in for a “well child visit” or an adult patient comes for a “physical,” preventive services should be a consideration in all encounters as time allows.
  - For example, although a patient may come to the office for evaluation of a relatively benign symptom (e.g., runny nose, rash), this is also an opportunity to discuss important health maintenance such as vaccinations, lipid screening, mammography, etc.
- Students should be familiar with the US Preventive Services Guidelines, which are evidence-based guidelines for services organized by patient age.
  - Current recommendations can be seen at the US Agency for Healthcare Research and Quality website:
- Your supervising physicians can guide you on how they incorporate preventive care during office visits.

Documentation of Encounters
Documentation of Encounters

Documentation is an important form of communication with the healthcare team. It is an important step to solidify your learning:

- Paint a picture of the patient in concise but complete terms.
- Pertinent negatives are very important to the history and should be included in your evaluation of any patient.
- Document carefully what you personally do and observe. If you did not personally see it, hear it, or feel it, indicate the source of the information if you include it in your documentation.
- Develop a complete assessment and management plan.

Do not use any abbreviations for medications or Latin abbreviations (e.g., TID, qd). A detailed list of abbreviations that are prohibited in the chart is set forth [here](https://www.jointcommission.org/assets/1/18/dnu_list.pdf).

Recommendations for Documentation

- Obtain feedback on your write-ups and daily notes from the physicians supervising your care of the patient.
- Include references to the literature in your notes. It is one of the best ways to learn.
- Justify reasons for admission in the initial H and P, reasons for continued hospital stays, and reasons for diagnostic studies.
- Document all significant procedures.
- Document reasons for major therapeutic interventions and the patient’s response.
- Summarize discharge plans including discharge medications and follow-up.

Medical Student Documentation Policy

Most Recent Approval: Pending

Contact: Aimee Szewka, PhD, Assistant Dean of Clerkship Curriculum

Regulatory Element: N/A

Educational Procedure

- Documentation in the medical record is an important skill and crucial in the education of medical students.
- At all sites where students participate in the care of patients, students’ participation in documentation in the medical
record is expected, whether paper or electronic.

- Student notes must be reviewed by supervising faculty so appropriate feedback can be provided and errors can be corrected (exceptions may be made for the Psychiatry rotation at Stroger).

**Operational Procedure**

- In the inpatient setting, every patient seen that is documented in the student’s patient log must have a student note in the medical record.
- In the ambulatory setting, the teaching faculty will direct students to document their encounters either on all patients or on select patients (agreed upon with the faculty) utilizing one of the scenarios below:
  - Students document a note on paper outside of the medical record that is reviewed by supervising faculty; these notes must be provided to the clerkship director (exceptions may be made for the Psychiatry rotation at Stroger).
  - Students document in the medical record immediately after seeing each patient.
  - Students see multiple patients and document at the end of the session or intermittently as time allows.

**Billing off Medical Student Notes**

- During the M3 year the majority of the time, medical student notes will likely not be used for billing purposes and will be used for education purposes only.
- Excerpt from the Rush Policy (https://insiderush.rush.edu/policies/Lists/Master%20Policy/DispForm.aspx?ID=1280): "Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work."

**Using OASIS**

OASIS is used in ALL of your core clerkships to document critical parts of your experience to:
Patient Encounters

During each clinical clerkship, we expect you to see patients with the symptoms, signs, and conditions designated by the clerkship director as essential to your education and to log pertinent information about those patients. Each clerkship director will provide you with additional specific instructions at the clerkship orientation.

Logging patient encounters and procedures:

- Patient ID - you must use either the 7-digit RUMC medical record number or the Cerner medical record number at Stroger Hospital.
- If neither 1 nor 2 is applicable, use the patient’s initials followed by his/her 6-digit birth date (e.g., SL010170 is the representation of Sam Lewis, born January 1, 1970).
- Encounter type
  - Full: direct interaction of student with a patient generating an initial history, physical, and assessment with an H&P documented in the patient’s chart.
  - Moderate: direct interaction of student with a patient assigned after admission or in clinic and followed or cross-covered, generating a SOAP note in the patient’s chart, but not an initial history and physical.

Monitoring logbook entries: Students are required to document patient encounters as described below.

- Each clerkship will provide information regarding the number and/or type of entries you are expected to record.
- Your logbook will be reviewed as part of mid-rotation feedback.
- If you are not meeting logbook requirements at the midpoint of the clerkship, the clerkship director will craft a plan to ensure that you have the opportunity to meet those requirements by the end of the clerkship.
- If you fail to record the required patient contacts and procedures in OASIS before the end of the clerkship, your grade may be lowered and a comment entered on the Summary and Grade Report completed by the clerkship director.
- You will not complete the clerkship until all required patient encounters have been recorded.
- Patient encounters that are logged in order to meet clerkship requirements will be randomly audited to ensure proper associated documentation.
- The logbook is due by 5pm on the day of the NBME shelf exam.

Student, Faculty and Clerkship Evaluations

- OASIS is the system we use for performance evaluations
  - Evaluations faculty and housestaff complete about your performance
  - Evaluations you complete on faculty and housestaff and on the core clerkships.
- You will receive periodic reminders regarding evaluations you need to complete.
- If you believe you should not be completing a specific evaluation, contact the clerkship coordinator.
Definitions: Feedback, Evaluation, Exams, and Grades

**Feedback:** Knowledge of the results of any behavior, considered as influencing or modifying further performance; the return of information about the result of a process or activity.

**Evaluation:** To examine and judge carefully; appraise; to ascertain or fix the value or worth of.

**Grade:** A letter, number, or other symbol indicating the relative quality of a student's work in a clerkship, examination, or special assignment.

Feedback Procedures & Policies

**Feedback Cards:** Early in your clinical experiences, it is important to establish a dialog with team members and preceptors regarding your performance and to seek regular feedback, allowing you to shape future behavior. The clerkship directors have developed a simple feedback card to assist you in this task. Students should inform the resident/attending at the start of a clinical session that the student will request a card to be completed at the end of the session.

- All clerkships require students to submit an average of one completed feedback card per week (except the last week) to the clerkship coordinator. See clerkship specific syllabi for further detail.
- At least half of the required number of feedback cards must be submitted by the mid-point of the rotation.
- A student’s failure to return the required number of feedback cards will affect his/her professionalism grade for the clerkship.

You can improve your chances of getting useful effective feedback if you follow the following suggestions from previous M3s:

- Find an opportune time to ask for a feedback card
  - Before you go in to see a patient together
  - Ask for feedback before rounds or before you give a presentation on rounds
• Give your evaluator ideas about the areas in which you need to improve
  • Be specific about what you would like them to evaluate (e.g. presentations, notes, etc.).
  • Be prepared to give a self-assessment of your strengths and weaknesses.
• Ask for specific advice (e.g. How can I improve my organization? How can I be more concise?)
  • Educate your evaluator about the process.
  • Ask them to be specific what you are doing well.
  • Tell them that you want and need concrete suggestions for improvement.
• Conclude with an action plan.
  1. Summarize what you hear, and state what you plan to do differently.
  2. Confirm that you understood their feedback correctly.
• DO NOT!
  • Don’t procrastinate. Try to get the required cards early.
  • Don’t ask during a stressful time
  • Don’t fill out your own card – even if you resident/attending says you can.

Mid-rotation Feedback: All students will receive documented feedback on their performances at the mid-point of the clerkship. Documentation of the feedback given to the student will be included in the student’s grade packet. Any student identified as at-risk for failing at the time of the mid-rotation feedback will receive specific information about his/her performance and expectations for the remainder of the clerkship for an acceptable performance.

The OSCEs will be scheduled during the last week of your clerkship. You will be excused from clinical duties during the OSCE and from clinical responsibilities after 5pm the evening prior to the OSCE. You should return to clinical duties after the OSCE is completed.

Grading Policies & Procedures

Student Performance Evaluation (SPE)

• Evaluations of student clinical performance in the core clerkships are completed in OASIS by supervising physicians and are available for students’ review

• Reviewing your evaluations online is an important part of developing your plan to improve future performance. Most evaluators provide positive feedback based on the significant efforts students invest in clinical rotations. Some evaluations will include formative feedback and constructive criticism. Factors assessed by evaluators are based on the role curriculum and include clinical skills, knowledge base, participation, interactions with patients and team, and professionalism.

• Each clerkship will assign evaluations to clinical preceptors/supervisors according to their own policies, which will be explained at the clerkship orientation sessions prior to starting the rotation.

• Students should follow the procedure to have the evaluation inactivated as soon as possible if they did not work with a faculty member. All requests for inactivation should be made prior to the end of the clerkship.

• Any faculty or house staff evaluations submitted to the clerkship director after Oasis is closed for grading (typically 2-3 weeks after end of clerkship) will be placed in the student’s academic record but will not be used in determining the student’s grade.

• For issues noted with assignment of the SPE or errors within the SPE, there is a form available to request grade reconsideration. Please see the grade reconsideration policy (https://rmc-integrated-curriculum.knowledgeowl.com/home/clerkship-
Without the permission of the course director, approaching an evaluator directly with the intent of convincing the evaluator to change an evaluation is considered unprofessional behavior and will be recorded on the Course Director Summary for the clerkship, as well as reported to the Assistant Dean of Clinical Education.

Evaluators are strongly encouraged to rate only what they observe in a clinical encounter. SPEs will be processed for grading so that any omitted responses will not negatively affect the student.

For calculation of the grade, every clerkship uses the clinical performance based on the SPE for 40-50% of the grade, with half of the score coming from attending evaluations and the other half from resident evaluations.

- In any situation where there are fewer than 3 evaluators total or if there is only 1 evaluator in a category, the evaluations will be combined so that the average of the pooled evaluations will be worth the full 50%
- Grades will be averaged within the item and then averaged across items for the final SPE score.

**Some clerkships may have microevaluations included in their grades and further guidance will be determined by the clerkship director.**

**OSCE (Observed Simulated Clinical Examination)**

- You will take a clerkship specific examination every clerkship, which will account for 5% of your total grade.
- The OSCEs will be scheduled during the last 1-2 weeks of your clerkships. You will be excused from clinical duties during the OSCE and from clinical responsibilities after 5pm the evening prior to the OSCE. You should return to clinical duties after the OSCE is completed.
- The grade will be comprised of:
  - 80% as a calculated practitioner (clinical reasoning skills) score
  - 20% communication skills score
- Score will be compiled and calculated by OSCE team and provided by them to clerkship teams
- A Failure on the OSCE results in REMEDIATION and student does not fail the clerkship
- Subsequent failure of OSCEs may result in referral to COSEP

**Professionalism**

Professionalism incorporates aspects of ethics, respect, responsibility, judgment, judicious commitment, and accountability. Clinical faculty assess professionalism as a critical portion of your professional development and eventual fitness to practice medicine using the SPE. Routine assessment gives you the opportunity to develop these skills and behaviors in preparation for independent practice.

- There are two professionalism items on the student performance evaluation that will be used in the calculation of the final SPE score.
- The clerkship director will assign a professionalism score of excellent/good, adequate with feedback, borderline or

<table>
<thead>
<tr>
<th>Grade</th>
<th>Anchor</th>
<th>Result</th>
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<tr>
<td>Excellent/Good</td>
<td>No or subtle professionalism issue that responds to feedback</td>
<td>Eligible for entire spectrum of grades</td>
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<tr>
<td>Adequate with Feedback</td>
<td>Missed clerkship deadlines or concerning behaviors but student responds appropriately to feedback</td>
<td>Eligible for entire spectrum of grades, document issue on CD summary</td>
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<tr>
<td>Borderline</td>
<td>Exhibits pattern of missed deadlines or actions that cause faculty concern, poor response to feedback</td>
<td>Cannot receive higher than a passing grade, CD must meet with student re: concerns and student must develop plan</td>
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<tr>
<td>Inadequate/Fail</td>
<td>Failure to Meet Major Professionalism Standards -</td>
<td>Results in failure of the clerkship, engage in COSEP/OIME mediated enrichment period</td>
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National Board of Medical Examiners Clinical Science Subject Examination (NBME Shelf Exam)

- All core clerkships use the NBME Shelf Exam as a component of the students’ final grades. To assist students with preparation for the subject exams, the OIME has purchased vouchers for the NBME Mastery Series – see Appendix I for a detailed explanation of the program.

- The NBME Shelf Exam is typically administered on the last day of the clerkship, which is usually the last Friday of the clerkship. These dates are scheduled for the entire year, and our resources do not allow flexibility in the administration of the test.

- In the case of emergency illness or absence, see the NBME absence policy.

- Due to the Rush University Common Calendar, dates and times of exams may vary by rotation based on room availability in the Academic Testing Center or the METC.

Score Adjustments

Equated percent correct (E%C) and Scaled Scores (SS) scores are used to set a minimum passing level (MPL) for each NBME Shelf Exam. The MPL is defined as the score which corresponds to the 2nd percentile of national Quarter 4 (Q4) data from the last year for which complete norms are available. If multiple scores are reported for the same percentile, the
Average performance on NBME Shelf Exam increases throughout the year as students continue to build on their knowledge base. Therefore, we adjust scores upwards for students taking the NBME Shelf Exam during Quarters 1-3 (Q 1-3) to approximate the performance those students might have demonstrated had they taken the exam in Quarter 4. Specifically, scores for Q1, Q2, and Q3 are scaled up to Q4 scores based on the difference between the national means for each quarter. For example, if the Q4 national mean score is 78 and the Q2 national mean score is 76, students taking the NBME Shelf Exam during Q2 received an adjustment of +2. Student scores and MPLs are rounded to the nearest tenth.

<table>
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<tr>
<th>Clerkship</th>
<th>Q1 Adj</th>
<th>Q2 Adj</th>
<th>Q3 Adj</th>
<th>2018-19 Q4 Nat'l Mean</th>
<th>MPL is set at the 2nd percentile</th>
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</tbody>
</table>

Note: Nat'l Mean and MPL for Ambulatory medicine is from Q3 because they define their quarters differently.

** No quarter-based adjustments are available for the Emergency medicine Shelf Exam. RMC uses the national “Fourth Year Students” norm group.

Quarter Definitions

For the purposes of score adjustment and percentile lookup, quarters are defined per the NBME as follows:
Quarters are defined relative to the calendar dates specified above and will apply uniformly to all students taking a core clerkship. However, quarter adjustments will not apply to M4 students taking a core clerkship.

### Calculating Your Grade

Grades for the core clerkships are calculated by the clerkship directors as set forth below. Additional explanation will be provided at CRASH and at each clerkship orientation.

Final grades are not negotiable. If you feel an error was made in calculating your grade, bring your concern to the attention of the clerkship director by placing a grade reconsideration request within 4 weeks of when your grade is available for viewing. The clerkship director will then review your file and respond to your concern via SurveyGizmo.

### Reviewing Your File and NBME Shelf Exam Results

Students may access their final evaluations in the OIME during normal working hours. Evaluations may not be copied without permission from the OIME.

- NBME Shelf Exam scores are generally available to clerkship directors within one week of the exam. However, neither clerkship directors nor clerkship coordinators may release scores to students.

- The OIME will notify you if you do not successfully meet the Minimum Pass Level (MPL).

- NBME Shelf Exam results will be posted to Oasis and students will be notified via email when scores are available for viewing.

### Grade Calculation Policies

<table>
<thead>
<tr>
<th></th>
<th>SPE - Res</th>
<th>SPE - Att</th>
<th>Micro evals</th>
<th>NBMEH&amp;P</th>
<th>OSCE</th>
<th>EBM</th>
<th>Homework/Quizzes</th>
<th>Clinical Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED</td>
<td>20%</td>
<td>20%</td>
<td>5%</td>
<td>25%</td>
<td>5%</td>
<td>5%</td>
<td>10% (clinical reasoning)</td>
<td>5% (observed encounter)</td>
</tr>
<tr>
<td>NEU</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>P/F</td>
<td>10% (observed Neuro exam)</td>
</tr>
</tbody>
</table>
1. All Core Clerkships will utilize the NBME Shelf Exam score to account for 25% of the grade.

2. The target grade distribution for each academic year is 20% Honors, 30% High Pass, 50% Pass.

3. Grades in each clerkship will be determined based on performance relative to all students in the M3 year (not on performance within individual cohorts).

4. Honors grades will be assigned to a top tier of students (approximately 20%) that represent excellence in both medical knowledge and clinical performance. To receive Honors, in addition to being in the top 20% of students in total points, students must meet two minimum criteria:
   - Earn a quarter-adjusted score that exceeds the national Q4 mean on the NBME Shelf Exam
   - Good Professionalism Rating on Clerkship Director Summary Report

5. Professionalism is an important part of clinical performance. In order to receive a high pass or honors in a clerkship, the student must have good professionalism. Any student with borderline or inadequate professionalism can receive no higher than a pass.

6. Grade cut scores are projected based on last year’s class performance data. The effect of these cut scores on target grade distributions are monitored throughout the year. Any upward grade adjustments will be applied at the end of the clerkship year.

**Result of not meeting MPL on NBME Shelf Exam**

If a student scores higher than the MPL on the NBME shelf examination, their score is used in grade calculation.

If a student scores below the MPL on their first attempt of the examination, their grade will be “Deferred” until they successfully score higher than the MPL on the NBME shelf examination.

Upon successful, their grade will be calculated utilizing the initial score and the student will not be eligible for any grade higher than pass.

If a student scores below the MPL on a subsequent administration of the examination, they will fail the course, they will be presented at COSEP and a remediation plan will be proposed.
For students with an acceptable clinical performance, and inability to meet the MPL on two NBME subject examinations, remediation will include, at a minimum, a required study period and retaking of the exam.

**Failure in a clerkship due to poor clinical performance or breach in professionalism**

Students must demonstrate adequate clinical skills in order to pass each core clerkship. A student may fail a clerkship on the basis of poor clinical performance evaluations from his/her direct supervisors or on the basis of an overall poor performance on any component of the clerkship except for OSCE performance. Any breach in professionalism may also result in failure of the clerkship.

**Remediation of failure in a clinical clerkship:**

- Failure of a clerkship results in administrative withdrawal from the clerkship the student is engaged in at the time the failing grade is received.
- No credit is awarded for time spent on any core clerkship prior to being administratively withdrawn.
- Failure in a clinical clerkship results in an automatic presentation to the COSEP (Committee on Student Evaluation and Promotion).
- Based on the student’s performance and identified deficiencies, the clerkship director will propose a targeted remediation plan to COSEP.
  - Remediation for students with a failure due to poor clinical performance or a breach in professionalism will be individualized, in accordance with COSEP policies and procedures.
  - All remediation plans are reviewed and approved by COSEP.

---

**Student Performance Evaluation (SPE)**

**Student Performance Evaluation (SPE)**

Thank you for your commitment to medical student education. Please review this video guide (link) on the standard approach to completing this evaluation.

**In which of these clinical scenarios did you observe the student?**

- outpatient clinic
- inpatient setting (rounds, teaching sessions)
- operating room/procedures
- informal teaching sessions
• formal teaching sessions

**Approximately how much time did you work with this student?**

• ½ day or less
• 1-2 days
• 3-6 days
• 7-14 days
• greater than 14 days

**Please rate the student based on the anchors below. A rating of 3 is the expected level for an M3 student.**

You may find that the descriptions for each of the skill levels (“1-5”) don’t exactly describe the behavior of the student. You should think of level “5” on the questionnaire as the top 10-15% of medical students. Use the descriptions as a guide to help you make a decision about the student’s general skill level. For example, if you feel that the student did a little better than the types of behaviors described in the “1” level but a little worse than the types of behaviors described in the “3” description, choose a “2”.

**Practitioner**

**History-Taking**

<table>
<thead>
<tr>
<th>N/A</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Missing key components, includes inaccurate or irrelevant data, inefficient in collection</td>
<td>Mostly organized with integration of clinical reasoning (pertinent positives/negatives), improving efficiency</td>
<td>Consistently organized and efficient, guided by clinical reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physical/ Mental Status Examination**

<table>
<thead>
<tr>
<th>N/A</th>
<th>1 - Inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Missing key components, irrelevant questions, unorganized</td>
<td>Mostly organized and accurate examination</td>
<td>Consistently organized and accurate examination guided by clinical reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment - Problem List and Differential Diagnosis**
<table>
<thead>
<tr>
<th></th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Observed</strong></td>
<td>Difficulty identifying major clinical problems, unable to identify key data</td>
<td>Partially able to prioritize problem list and differential diagnosis based on patient-specific data</td>
<td>Complete and prioritized problem list, develops complete and relevant differential diagnosis based on patient-specific data</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Development of a Diagnostic/Treatment Plan

<table>
<thead>
<tr>
<th></th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Observed</strong></td>
<td>Rarely offers or justifies basic diagnostic or treatment plan</td>
<td>Offers mostly reasonable and justified diagnostic/ treatment plan</td>
<td>Consistently offers reasonable and justified diagnostic/ treatment plan, incorporates guidelines, addresses modifiable risk factors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Oral Presentation

<table>
<thead>
<tr>
<th></th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Observed</strong></td>
<td>Unfocused, poorly organized presentation</td>
<td>Mostly organized and relevant presentation</td>
<td>Consistently organized, accurate and precise presentations reflecting clinical reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Documentation

<table>
<thead>
<tr>
<th></th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Observed</strong></td>
<td>Poorly organized documentation, inaccurate/conflicting information, inappropriate use of copy/paste</td>
<td>Mostly organized and concise documentation, notes mostly accurate and up to date</td>
<td>Consistently organized, accurate, timely, and precise documentation, notes reflecting clinical reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Knowledge of diagnostic tests and procedures

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not recognize the indications for common tests and procedures, unfamiliar with common procedure techniques</td>
<td>Recognizes the indications and techniques for common procedures, can report basic risks and benefits</td>
<td>Detailed knowledge of indications and techniques for common procedures, thorough knowledge of risks and benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Knowledge

#### Medical Knowledge Base applied to Patient Care

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor understanding of pathophysiology and/or typical presentations of common diseases</td>
<td>Effectively applies knowledge regarding basic pathophysiology and typical presentations of diseases.</td>
<td>Consistently superior application of pathophysiology to patient care, aware of atypical presentations of common diseases</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Communication

#### Establishing Collaborative Relationships with Patient/Family

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed opportunities to ask patient/family about perspective on illness or impact on daily functioning.</td>
<td>Occasionally asked patient/family about perspective on illness and impact on daily functioning.</td>
<td>Consistently approaches patient/family to create a shared understanding of patient’s perspective and impact of illness.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Engaging Patients in Treatment Plans

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboration with the Health Care Team (physicians and other providers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1 - inadequate</td>
<td>2</td>
<td>3 - expected good performance</td>
<td>4</td>
<td>5 (top 10-15%)</td>
</tr>
<tr>
<td>Not Observed</td>
<td>Does not understand or respect the roles and responsibilities of all members of the healthcare team</td>
<td>Understands the roles and responsibilities of all members of the healthcare team and communicates in a respectful manner when needed for patient care</td>
<td>Seeks opportunities to communicate with all members of the healthcare team to gather accurate information and disseminate management plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Directed Learning Practice in the Patient Care Setting</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1 - inadequate</td>
</tr>
<tr>
<td>Not Observed</td>
<td>Lacks insight into learning needs, repeats mistakes despite feedback</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scholar</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retrieve, Appraise and Apply Evidence to Answer a Question about Patient Care</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>1 - inadequate</td>
</tr>
<tr>
<td>Not Observed</td>
<td>Does not recognize the importance of evidence-based practice, avoids researching the literature</td>
</tr>
</tbody>
</table>
### Leader

**Contribute to the improvement of health care delivery in teams, organizations, and systems**

<table>
<thead>
<tr>
<th>N/A</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Does not recognize the importance of patient safety practices, does not work effectively in the team environment</td>
<td>Is aware of the principles of patient safety, quality improvement, and the importance of team dynamics. Has brought up patient safety considerations and can discuss ideas for improvement with prompting. Works as a good team member.</td>
<td>Regularly considers patient safety in the clinical environment, discusses ideas for improvement without prompting. Consistently contributes to positive team dynamics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Advocate

**Recognize and Respond to a Patient’s Health Needs both in and out of the clinical environment**

<table>
<thead>
<tr>
<th>N/A</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Limited understanding of barriers to care</td>
<td>Able to recognize and list barriers to care, occasionally tailors plans to address patient’s needs</td>
<td>Consistently tailors diagnostic and treatment plans based on individual barriers to care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Professional

**Commitment to Patient Care, Responsibility and Accountability**

<table>
<thead>
<tr>
<th>N/A</th>
<th>1 - inadequate</th>
<th>2</th>
<th>3 - expected good performance</th>
<th>4</th>
<th>5 (top 10-15%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Observed</td>
<td>Requires frequent prompting to participate in patient care, does not complete tasks</td>
<td>Participates in patient care, occasionally requires prompting to take on new tasks</td>
<td>Proactive in patient care responsibilities, including new tasks and patients, delivers on all assignments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Commitment to Professional Expectations and Responsibilities**
### Clinical Performance Narrative Summary

What are the student’s strengths in the clinical environment?

What additional skills would the student benefit from developing for future clerkships and in preparation for internship?

**Safe Haven Box** - Please include any constructive comments from which the student would benefit to improve behavioral performance. These comments are for internal purposes, including review and follow up by the Office of Integrated Medical Education. The comments will not be included in the student’s clerkship grade report or Dean’s letter.

---

**Product of Rush Medical College M3 Core Clerkship Work Group, Office of Integrated Medical Education.**

Aimee J. Szewka, MD - Assistant Dean of Clerkship Education

Elizabeth Van Opstal, MD - Chair, Pediatrics Clerkship Director

Rupel Dedhia, MD - Vice Chair, Primary Care Clerkship Director

Viju John, MD - Internal Medicine Clerkship Director

Gary Loy, MD - Obstetrics and Gynecology Clerkship Director

Madhu Soni, MD - Neurology Clerkship Director

Bezalel Dantz, MD - Psychiatry Clerkship Director
Fellows & Chief Residents as Evaluators

Purpose

Fellows and Chief Residents may fulfill differing roles in medical student education. The purpose of this policy is to consider how these evaluations should be utilized in the grade calculation of student performance.

Policy Statement

Fellow/Chief Resident evaluations should be utilized as an attending evaluation if the evaluator is board-eligible or board-certified. If the Fellow/Chief Resident is not board eligible/certified then the evaluation should be included as a “resident” evaluation.

Definitions

Fellows - ACGME or non-ACGME trainees that have graduated from a residency program and are now participating in further training.

Chief Resident - Final year residents that are fulfilling a supervised leadership role and may be involved in activities typically considered as "attending level".

Procedures

Clerkship directors should assign resident or attending level for these evaluations based on trainee's role in educating students.

Enforcement

Students may contest assignment of the evaluation through a grade reconsideration request. Final decision is at the discretion of the clerkship director.

NBME Mastery Series Exam

NBME Mastery Series Exam
The NBME Clinical Science Mastery Series (Mastery Series or MS, for short) are web-based self-assessment exams built to the same content specifications as the NBME Clinical Science Subject Examinations (these are the Shelf/Subject exams you take at the end of each clerkship). The Office of Integrated Medical Education (OIME) will cover the cost of one MS self-assessment per student, per clerkship for those Clerkships where the MS is offered.

The MS is intended to be used by students who want to assess their knowledge of the clinical sciences covered during the Neurology, Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery Clerkships. The NBME plans to develop Mastery Series exams in other areas (Ambulatory Medicine, Emergency Medicine, Family Medicine) in the future.

### OS Mastery Series

<table>
<thead>
<tr>
<th>Format</th>
<th>Two forms per clinical science discipline: 50 multiple-choice items. Item formats are similar to those used in clinical science subject tests. All forms have expanded feedback.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard-Paced</td>
<td>One section; 50 items. Up to 1 hour, 15 minutes to complete the section.</td>
</tr>
<tr>
<td>Self-Paced</td>
<td>One section; 50 items. Up to 3 hours to complete the section.</td>
</tr>
<tr>
<td>Access &amp; Assessment</td>
<td>Self-assessments are delivered over the Web. You must log on to access a self-assessment and start it within 30 days (access period). Once the self-assessment is started, you must complete it within 20 days. You may sign off and resume/continue the self-assessment at any time during this 20-day administration period.</td>
</tr>
<tr>
<td>Fee</td>
<td>These self-assessments are available for a fee of $20.00 in US currency. Payment is non-refundable.</td>
</tr>
</tbody>
</table>

Additional details are provided in the [NBME Self-Assessment Services Information Guide](http://www.nbme.org/pdf/nsas/NSAS_Program_Information_Guide.pdf).

### Frequently Asked Questions (FAQs)

**How do I get my MS voucher?**

Your MS voucher will be distributed via email during orientation for each clerkship where an MS exam is available.

**I want to take another Mastery Series self-assessment (besides the one RMC will provide) before I take the Clinical Science Subject Exam at the end of the clerkship. How many self-assessments can I purchase, how much do they cost, and where can I buy them?**

You may purchase as many Mastery Series self-assessments as you wish. One purchase is good for a single take of the self-assessment. Each time you wish to take a self-assessment, you must purchase it for a $20 fee. Previously completed forms may be retaken by purchasing them again. You can also take the same form in more than one timing mode (i.e., standard vs. self-paced), but you must purchase and complete a self-assessment in each timing format separately.

The web-based self-assessments for the Clinical Science Mastery Series may be purchased through the [NBME Self-Assessment Services page](http://www.nbme.org). You likely already have an account with NBME Self-Assessment Services because you took NBME Comprehensive Basic Science Self Assessments (CBSSA) when you were preparing for USMLE Step 1.

**How long is the MS voucher good for?**

- **RMC voucher:** Each MS voucher is only to be used during the clerkship in which it is distributed. The MS voucher expires at the end of each clerkship.
- **Self-purchased:** Once you purchase a self-assessment, you have 30 days to start it. After you start the self-assessment, you have a 20-day administration period in which to complete it. For example, if you purchase an assessment on July 1st, you have until July 30th to start it. If you log in and start the self-assessment on July 15th, you have until August 3rd to finish it.

**Is taking the MS exam optional? How about the review session?**
No. Taking the MS exam at the mid-clerkship point and attending the review session are both required.

It’s only the midpoint of the clerkship. I still have so much to learn, so I’m probably not going to do very well! Why are you putting me through this, and what are you going to do with the data?!

The goals of this initiative are: 1) to foster distributed, consistent review of material in the clinical curriculum, and 2) to provide an opportunity for students to generate data-driven study plans. This is a formative assessment intended to help you learn. No one is judging you, and nothing is going in the grade book; the faculty just want to help you succeed. You’ll be able to see the specific questions you got wrong, read around them, annotate them, whatever works for you; you’ve successfully passed Step 1, so you know the drill.

Are there sample tests?

To access a sample self-assessment, visit the NBME Self-Assessment Services page. The platform you use to take Mastery Series self-assessments will be identical to the platform you used to take other NBME self-assessments (e.g., the Comprehensive Basic Science Self Assessments you took to prepare for Step 1).

When do I take my MS exam?

RMC voucher: During each clerkship where the MS exam is used, the faculty will hold a review session at the midpoint of the clerkship. For 4-week clerkships, review sessions will be scheduled at the end of Week 2 or beginning of Week 3. For 8-week clerkships, review sessions will be scheduled at the end of Week 4 or beginning of Week 5. For OB, the review session will be scheduled at the end of Week 3 or beginning of Week 4. You should take the MS exam as close to the review session as possible. Please remember to leave yourself enough time to print out your results and bring them to the review session.

Self-purchased: If you elect to purchase a second MS exam, we recommend you use it as a practice exam about a week before your end-of-clerkship Subject Exam. This will leave enough time for you to use the self-assessment information to manage your study plan.

Where do I take the MS exam?

Log into the NSAS website with your e-mail address and personal password. This is the same account you used to take other NBME self-assessments (e.g., the Comprehensive Basic Science Self Assessment during M2).

- Click on Purchase Services from the left menu.
- Select the self-assessment and form you want to purchase.
- Select the timing mode.
- Click on the Purchase Services button.
- Select Voucher on the payment option screen and click continue.
- Enter the voucher ID on the Voucher Payment screen then select Place Order.

You can take the self-assessments 24 hours a day/7 days a week on any computer with access to the Internet that meets the following system requirements:

- Windows® XP, Windows Vista® or Windows 7
- Macintosh (MAC) OS X
- Microsoft® Internet Explorer 7, Internet Explorer 8 or Internet Explorer 9 recommended
- Safari 5.0 or higher
- Adobe® Flash® Player 9.0 or higher
- Color display set to 32-bit color
There are four forms (1, 2, 3, and 4) I can select from for each MS exam. Which form should I use?

**RMC voucher:** When you receive your MS voucher, you will also receive instructions for which form to redeem with the voucher. The voucher should only be used for the form indicated.

**Self-purchased:** We recommend, but do not require, that you also purchase the MS form that was not indicated for use with your RMC voucher. This second MS exam is best used as a diagnostic exam about a week before your end-of-clerkship Subject Exam. You may also repurchase the form you used with your RMC voucher if you would like to re-take that form.

**Under what conditions should I take the MS exam?**

**RMC voucher:** The MS exam should be taken under conditions that approximate the end-of-clerkship Subject Exam. Use Standard Timing Mode (1 hour and 15 minutes), don’t pause the assessment, and don’t use any resources (e.g., books) that wouldn’t normally be available to you during testing. Remember, this is a formative assessment designed to help you manage your study plan prior to the final exam. No one is judging you, and nothing is going in the grade book; the faculty just want to help you succeed.

**Self-purchased:** You can choose any resources (i.e., closed or open book), either timing mode, and the self-assessment can be paused at any time. When you resume/continue you will return to the item you were working in when you stopped. You will be able to continue working for the remainder of the time allotted for the exam. For example, if you select standard-paced mode (up to 5 hours), work for 30 minutes, then pause, you will still have 4 hours and 30 minutes left to work on the exam when you resume/continue. However, you must still complete the self-assessment within the original 20-day access period.

**Can I change answers on my MS exam after I have completed it?**

Once you have completed the entire self-assessment, you cannot go back and review the total assessment. However, while you are working within the Mastery Series exam, you can change answers, mark them for review, or leave them blank. When you exit the exam by clicking “End” then “OK”, your answers become final. You will not be able to review items or your responses to them after you exit the section.

**What happens during the review session?**

During the review session, the faculty will spend a short amount of time going over specific questions that students struggled on. The majority of the review session will be a chance for the faculty to provide additional teaching on the material sampled in the self-assessment and to provide guidance on study strategies for the Subject and Step 2 exams. The review session is also a great opportunity for you to ask questions about content in that clerkship and to find appropriate study partners based on common strengths and weaknesses in the material.

**What do I need to bring to the review session?**

You will need to bring three things to the reviews session:

1. A printout of your entire performance profile.

   - Your scores will not be recorded; this information will only be used to verify that you have completed the assessment and attended the review session. The faculty may also review the performance of the class in aggregate in order to make changes to the review sessions as well as the clerkship curriculum.

2. Your laptop so you have access to all the items you missed directly in front of you.
You may also be asked to fill out a brief, anonymous survey shortly before the review session that will ask you to indicate the items you missed. This information will only be used by the clerkship faculty to focus the review on the most challenging items.

3. A list of questions you have about the material

Will I need to print out my performance profile for anything else?

Yes. Bring a copy of your performance profile to your mid-clerkship feedback session.

What performance feedback will I receive after taking a Mastery Series Exam?

All Mastery Series self-assessments come with an expanded-feedback performance report and a score interpretation guide available immediately after completing the exam. You can review and print your performance profile for at least 12 months after completing the self-assessment.

- **Expanded-feedback performance report**: Includes a self-assessment score, the total number of incorrect items by content category and the ability to review the text of incorrectly answered items. Correct answers are not provided as a part of the review.

- **Score interpretation guide**: Includes a conversion table that you can use to "translate" the self-assessment score to an approximate score on the Clinical Science Subject Examination score scale.

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NBME Shelf Examination Absence Policy
NBME Shelf Examination Absence Policy

**Last Approval:** August 15, 2018 by Core Work Group

**Initial Approval:** August 15, 2018 by Core Work Group

**Contact:** Aimee Szewka, MD, Assistant Dean of Clerkship Education

**Regulatory Element:** N/A

**Policy Statement**

Attendance at all College of Medicine exams is required unless permission for an excused absence has been obtained prior to the test administration.

Excused absences will be granted only for serious personal illness, death in the immediate family, or other similar extenuating circumstances. Students are expected to obtain prior permission for an absence from the appropriate administrator in the Office of Medical Student Programs. In order to request an excused absence, the student must provide written documentation for any such illness (e.g., doctor’s note) or extenuating circumstance within two business days of the examination.

Once the student starts an NBME examination, the score may not be vacated and the score must be used for calculation of the clerkship grade.

**Procedure**

If a student is unexpectedly ill on the day of an examination, either the student or the examination proctor should contact an administrator from the Office of Medical Student Programs immediately.

If prior permission for the absence was not obtained or sufficient documentation not provided within two business days of the test administration, the absence will be treated as unexcused. A failing score of zero will be assigned to the missed examination. Furthermore, this missed examination will count as an attempt, a failure of the clerkship will be transcripted, and referral to the Committee on Student Evaluation and Promotion (COSEP) will occur.

After receiving permission for an excused absence, students should proceed to their next clerkship and are required to sit for the examination during the first week of the clerkship. The date will be arranged by the Office of Medical Student Programs and the student will be excused from clinical duties for the duration of examination. Additional study time will not be granted.

If the student does not pass the examination, they will be withdrawn from clinical clerkships and given 3 weeks to study and remediate the examination. They will not be given credit for their time in the incomplete clerkship.
Clerkship Grade Reconsideration Policy

Most Recent Approval: April 2019 by Curriculum on Committee and Evaluation

Contact: Aimee Szewka, MD, Assistant Dean of Clerkship Education

The following are the circumstances and process by which students should submit a request for reconsideration of clerkship grades:

Permissible Challenges

1. Erroneous evaluator assignment (SPE): A student may submit a challenge to invalidate an evaluation if the student did not work with the faculty member during the clerkship.

2. Missing evaluator assignment (SPE): If an evaluator worked with a student during a clerkship for an appropriate amount of time but was not issued an evaluation form, a student can submit a challenge to request an evaluation form be deployed to that faculty member.

3. Clerical error: A student may submit a challenge if they believe that their scores for an assessment were recorded erroneously. Please note that this challenge is not meant to adjudicate a student’s disagreement with an evaluator’s judgment of the student’s performance [1]

4. Mistreatment (SPE and other observation-based assessments like mini-CEX): If a student claims they were mistreated during the clerkship and the nature of the mistreatment may have affected an evaluator’s judgment, this challenge will be forwarded to SCORE for adjudication. SCORE will adjudicate the mistreatment claim and provide a recommendation to the challenge adjudication team about what to do with SPE record (e.g. to maintain or invalidate). Although students have the option of not providing identifying information when submitting reports directly through the SCORE reporting portal, all mistreatment claims submitted for grade challenge purposes will be sent to SCORE with student identifiers.

5. Assignment challenge: Please see the procedures described in the RMC Student Handbook under “Challenge Policy for Written Assessments”.

6. NBME Clinical Science Subject Exam timing challenge: A student may submit a challenge if they believe that an anomaly in the testing environment (e.g., fire alarm) caused them to lose time during an end-of-clerkship exam. All timing challenges will be adjudicated against a time audit report received from the NBME (when available). If a timing anomaly is confirmed, the student will be shown their score report from the first attempt and offered a retake. If the student agrees to retake the assessment, the first attempt score is immediately vacated and will be replaced with the retake score.
7. Representativeness (Course Director Narrative Summary): A student may submit a challenge if they feel that the inclusion or exclusion of specific comments in the Course Director’s Narrative Summary does not accurately represent the sentiment of comments submitted by evaluators. Course Directors will review these challenges but maintain editorial authority in adjudicating representativeness. Students who are not satisfied with the outcome of their challenge may appeal jointly to the Associate Dean of Medical Student Affairs and the Assistant Dean of Clerkship Education.

Process

Students will have up to **four weeks** to place a request for clerkship grade reconsideration after grades are made available to them from the OIME. Requests are to be submitted through the [Survey Gizmo Challenge Portal](https://www.surveygizmo.com/s3/4965670/M3-Clerkship-Grade-Reconsideration-Request).

A member of the clerkship leadership team (Course Director, Associate Course Director, and/or Assistant Course Director) must submit a response through the Survey Gizmo portal within four weeks of receiving the challenge. The student’s identity will be revealed to the clerkship leadership team only when the nature of the challenge requires identification (e.g., looking up whether a student was inappropriately matched with an evaluator) or when the adjudication of the challenge would benefit from additional conversation between the student and the challenge adjudicator.

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**Syllabus: Internal Medicine**

<table>
<thead>
<tr>
<th>Rush Medical College Course Syllabus - Internal Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Number</strong></td>
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<tr>
<td><strong>Course Title</strong></td>
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<tr>
<td><strong>Course Code</strong></td>
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<tr>
<td><strong>Credit Hours</strong></td>
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<tr>
<td><strong>Clinical Practicum/Clerkship Hours</strong></td>
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<tr>
<td><strong>Term and Year</strong></td>
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<tr>
<td><strong>Location (in-class sessions)</strong></td>
</tr>
<tr>
<td><strong>Course Coordinator/Course Director(s) Name and Office</strong></td>
</tr>
</tbody>
</table>
Course Description

The clerkship in internal medicine is designed to introduce students to the study and skills of clinical medicine. Through the case study approach, students have the opportunity to evaluate and manage a variety of patients and their problems. In this manner, students can develop their skills in history taking and physical examination and will review pathophysiological principles in caring for patients. Students will develop an understanding of relationships between disease states and patient hosts from the medical, social and emotional points of view. The ward team approach allows students the opportunity to actively work toward the goals of good patient care and the acquisition of a solid foundation of medicine. Students are expected to supplement their learning through a self-study program of learning objectives. This will provide the students with exposure to basic technical skills as well as a core set of topics in internal medicine.

Course Objectives

At the completion of this course, the student will be able to:
<table>
<thead>
<tr>
<th>Role Objectives 2019-2023</th>
<th>Program Objective</th>
<th>Events</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize and respond to epidemiologic, socioeconomic and cultural factors that may influence a patient's understanding of their disease process and adherence to treatment.</td>
<td>ADV-1</td>
<td>Patient encounters, clinical experiences, daily rounds, inpatient admission write ups, observed patient encounters</td>
<td>SPE, observed patient encounters, clinical reasoning examination</td>
</tr>
<tr>
<td>Formulate diagnostic and therapeutic plans with attention to the availability/affordability of health care resources.</td>
<td>ADV-2</td>
<td>same</td>
<td>same</td>
</tr>
<tr>
<td>Identify differences in providing health care based on the health care setting.</td>
<td>CCL-1</td>
<td>Clinical experiences</td>
<td>SPE</td>
</tr>
<tr>
<td>Work effectively and respectfully with peers and all healthcare providers.</td>
<td>COM-1</td>
<td>Clinical experiences, daily rounds, observed patient encounters</td>
<td>SPE, observed patient encounters</td>
</tr>
<tr>
<td>Demonstrate effective and clear communication with patients and families.</td>
<td>COM-1</td>
<td>Clinical experiences, daily rounds, observed patient encounters</td>
<td>SPE, observed patient encounters</td>
</tr>
<tr>
<td>Incorporate feedback and self-reflection into formulating a self-improvement plan.</td>
<td>EDU-1</td>
<td>Clinical experiences, observed patient encounters, daily rounds</td>
<td>SPE</td>
</tr>
<tr>
<td>Describe the pathophysiology and the typical presentations of common illnesses in adult patients.</td>
<td>KNO</td>
<td>Clinical experiences, daily rounds, inpatient curriculum, EBM presentations, student reports</td>
<td>SPE, NIME examination, graded H&amp;P's</td>
</tr>
<tr>
<td>Gather an appropriate history.</td>
<td>PRA-1a</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters</td>
<td>SPE, observed patient encounters, graded H&amp;P's, feedback cards, end of clerkship reasoning exam</td>
</tr>
<tr>
<td>Perform a relevant physical examination.</td>
<td>PRA-1b</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters</td>
<td>SPE, observed patient encounters, graded H&amp;P's, feedback cards, end of clerkship reasoning exam</td>
</tr>
<tr>
<td>Create an appropriate and prioritized problem list and differential diagnosis.</td>
<td>PRA-2</td>
<td>Clinical experiences, daily rounds, inpatient admission write ups, observed patient encounters,</td>
<td>SPE, observed patient encounters, graded H&amp;P's, feedback cards, end of clerkship reasoning exam</td>
</tr>
<tr>
<td>Formulate appropriate treatment plans.</td>
<td>PRA-3a</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters, inpatient rounding</td>
<td>SPE, observed patient encounters, graded H&amp;P's, feedback cards, end of clerkship reasoning exam</td>
</tr>
<tr>
<td>List indications, contraindications and describe procedural techniques for chest x-ray and EKG, as well as other procedures where encountered.</td>
<td>PRA-3b</td>
<td>Clinical experiences, inpatient rounding</td>
<td>SPE, Logbook of clinical experiences</td>
</tr>
<tr>
<td>Document a patient evaluation for all patients the student is following.</td>
<td>PRA-4A</td>
<td>Clinical experiences, inpatient admission write ups</td>
<td>SPE, observed patient encounters, feedback cards, logbook of clinical experiences, end of clerkship reasoning exam, graded H&amp;P's</td>
</tr>
<tr>
<td>Present all patients the student is following on daily rounds.</td>
<td>PRA-4B</td>
<td>Clinical experiences, observed patient encounters, inpatient rounding</td>
<td>SPE, observed patient encounters, feedback cards</td>
</tr>
<tr>
<td>Proactively complete patient care activities.</td>
<td>PRO-1</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters, inpatient rounding</td>
<td>SPE</td>
</tr>
<tr>
<td>Adhere to the professional responsibilities and behaviors outlined in Rush Medical College Professionalism Policy.</td>
<td>PRO-1</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters, inpatient rounding</td>
<td>SPE, observed patient encounters</td>
</tr>
<tr>
<td>Use the medical literature to answer clinical questions related to patient care.</td>
<td>EBM-1</td>
<td>Clinical experiences, inpatient admission write ups, observed patient encounters, inpatient rounding, EBM project</td>
<td>SPE, EBM presentations</td>
</tr>
</tbody>
</table>

Pre-requisites: Successful completion of the M2 year, including the Clerkship Entrance OSCE. Must have passed clinical component of all previous M3 clerkships.
<table>
<thead>
<tr>
<th>Co-Requisites</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Textbooks</td>
<td>None</td>
</tr>
<tr>
<td>Recommended Textbooks</td>
<td>You are expected to read around your patients in detail using textbooks and online sources. You should read an Internal Medicine textbook over the course of the clerkship. We recommend Step Up to Medicine and Lange’s Symptom to Diagnosis, which can be accessed via the library website. We also recommend Mass General’s Pocket Medicine.</td>
</tr>
<tr>
<td>Recommended Websites</td>
<td>None</td>
</tr>
<tr>
<td>EReserves Information</td>
<td>None</td>
</tr>
<tr>
<td>Required Equipment/Uniform</td>
<td>Professional dress is very important and is expected by your patients. Discuss with your team whether scrubs will be recommended, if not, plan to dress &quot;business casual&quot;. No denim or sneakers should be worn. Open-toed shoes are prohibited in most clinical areas of the hospital; do not wear these. When on call, students may be required to wear scrubs or the attire described above. Wearing of scrubs must follow the Rush Scrub Policy. You are required to wear your ID badges at all times.</td>
</tr>
<tr>
<td>Required Software/Online Tools</td>
<td>My Apps: <a href="https://myapps.rush.edu/Citrix/MyAppsWeb/">https://myapps.rush.edu/</a> Students are recommended to use My Apps, which is a virtual desktop where Office software, Rush Email, and secure storage is provided. Visit <a href="https://rushuportal.learning.rush.edu/faq">https://rushuportal.learning.rush.edu/faq</a> for more information about the My Apps virtual environment. Students are also able to log into RULearning from MyApps. Blackboard Login Page: <a href="https://rulearning.rush.edu/webapps/login/">https://rulearning.rush.edu/</a> Students are also able to access Blackboard via the University Portal. Microsoft Office Suite: Word, Excel, and PowerPoint If you do not already have the Microsoft Office software you can access the Suite through My Apps or download a copy of the Microsoft Office suite at a reduced cost for Windows or Mac users: <a href="https://rush.onthehub.com/WebStore/ProductsByMajorVersionList.aspx?cmi_mnuMain=2ce0b12b-bb38-dd11-ab11-0030485a6b08">https://rush.onthehub.com/</a> Internet Browsers Students should have access to more than one browser, such as Internet Explorer, Chrome, Firefox or Safari. All browsers should be the most up-to-date version available. We recommend Chrome and Firefox for Blackboard. Adobe Acrobat Reader Students should have access to the most up-to-date Adobe Acrobat Reader. Internet Requirements</td>
</tr>
</tbody>
</table>

**Clinical Responsibilities**
**Clerkship Structure**

You will spend 6 weeks on the Internal Medicine Clerkship – either 6 weeks on an inpatient service at Rush OR 3 weeks on an inpatient service at Rush and 3 weeks on an inpatient service at the Stroger Hospital of Cook County.

You will complete your clinical duties on the last Tuesday of the rotation. You will take a clinical reasoning exam on the last Wednesday of the clerkship (details to follow). The last Thursday of the clerkship is a study day with no clinical duties. You will take the NBME mini-board exam on the final Friday of the clerkship at the Triangle Office Building (TOB) or virtually (TBD).

**Rush Team**

You will be assigned to one of the 8 General Internal Medicine teams. Each team has a ward attending, one senior resident and two interns along with 2-3 medical students (M3 or M4). You will take care of patients on the 9th floors of the Atrium building (9N and 9S) and 9 Kellogg.

**Stroger Team**

You will be assigned to one of the General Internal Medicine teams. Each team will have a ward attending, two senior residents and two interns with 2-3 medical students (M3 or M4).

**Daily Hours during the Internal Medicine Clerkship**

Your day will generally start pre-rounding on all your patients at 6:30 or 7 A.M. (may need to get here earlier with more patients). You will end around 4 PM on non-call days and later on call days (6 PM at Stroger and 8-9 PM at Rush). You may leave each day when the work on your patients is complete, and you have spoken with your team. You are not required to stay late just because there is work to be done on patients other than yours. You should not be left unsupervised if you are staying late with your sick patient.

**Your Role on the Team**

You should be an integral part of the team and participate in as many team activities as possible. **For new admissions (direct admissions, patients you see as they come up from the ER and patients admitted overnight that your team picks up in the morning), perform an independent history and physical examination and complete a comprehensive write-up in the patient’s Electronic Medical Record (EMR).** This write-up should include a detailed assessment section that summarizes the case, discusses the differential diagnosis for the patient’s presenting complaint(s) and defends your choice of the most likely diagnosis and alternative diagnoses. **Your notes should be longer than your resident’s notes. Please do not use their notes as a model.** You are expected to pre-round on all your patients, present your patients on daily work rounds, be engaged in morning rounds and write daily progress notes on your patients. You should be involved in discharge planning on your patients. You may call consults and participate in sign out rounds with your interns and senior residents. When practical, you should enter admitting orders under your resident’s supervision. All student orders require co-signature by a licensed physician. You should take as much responsibility for the patient-care duties required for your patients as you are capable of taking with appropriate
supervision.

**Patient Load**

You should admit two “new” patients per call and carry 2-4 patients at a time. A “new” patient may be a new admission or a transfer. You may pick up a previously admitted patient on the team on non-call days when you have < 2 patients and as needed to reach the required 14 total encounters for which you have a note in the EMR. For established patients, you should complete a note summarizing the patient’s history, physical exam, and hospital course up to the current time. You do not need to complete a comprehensive history and physical unless your resident or attending feels it would enhance your educational experience. Please make sure to log every patient in OASIS for whom you write a note.

**Days Off**

You will generally work 4-6 days a week. If you need a specific day off at either Rush or Stroger, please contact Irene Arndts (Irene_H_Arndts@rush.edu or 312-942-7089) as soon as possible. Arrangements need to be made at least 4 weeks prior to your start date.

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**Rush Call Schedule**

Your team will take long call on a 4 day cycle. On long call, your team can get up to 14 patients between 6:30AM and 8PM. On short call days (2 days after long call), your team can get up to 5 patients between 6:30AM and 1PM. You should consider your long call day your “on-call” day and will work the weekend days in which you are on-call and post-call. Specific monthly schedules for each team will be distributed and posted on Blackboard.

**Stroger Call Schedule**

Your team is on call every fourth day for 24 hours. You will take team call from 7 AM to 6 PM. Your team can admit up to 10 patients during the day. The second senior on your team can admit four more patients overnight, but you will not take overnight call.

You will stay until your work is completed. Write a complete H&P for each patient and print it for your preceptor to review. The H&P should be in the electronic medical record before you go home on the call day.

**On Call Responsibilities**

You should plan to admit 2 patients on call. Please do your best to pick up at least one early admission. Patients with bread and butter diagnoses such as pneumonia, pyelonephritis and DVT are excellent cases for students. Don’t wait for an “interesting case”. You will benefit much more from an earlier admission that leaves you with time to complete a comprehensive H&P and think about the case. We encourage our residents to page their students on call. You should be given the opportunity to evaluate patients and to participate in tasks such as drawing ABG’s and blood cultures or even doing CPR. You should stay with your team on call until you finish your notes and any work on your patients.

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**Required Didactic Sessions**

**Rush Call Schedule**
On Call Responsibilities

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Clerkship Specific Documentation Expectations

Patient Contact and Procedure Logs (OASIS)

All REQUIRED patient contacts and procedures must be recorded in OASIS (as described in detail above). One way is to keep your written log book with you at all times and be sure to transfer records in that book into OASIS at least weekly.

Duty hours must also be logged for every day of the clerkship where you are required to be at clinic activities. If you are not assigned or have a day UNASSIGNED, the hours must be recorded as 0.

Required Clinical Experiences

Levels of Responsibility for Required Clinical Experiences

<table>
<thead>
<tr>
<th>Levels of Responsibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Participation (FP)</td>
<td>Student independently takes history, performs the physical examination, and/or performs the procedure with direct or indirect preceptor supervision (see supervision policy for reference). The student participates in the clinical reasoning process leading to a management plan.</td>
</tr>
<tr>
<td>Partial Participation (PP)</td>
<td>Student takes part of the history, performs part of the physical exam, and/or assists during a procedure. The student participates in the clinical reasoning process leading to a management plan.</td>
</tr>
<tr>
<td>Observed (OB)</td>
<td>Student is present when the preceptor interacts with a patient. The student does not obtain the history, perform the physical examination, or participate in the procedure. The student participates in</td>
</tr>
<tr>
<td>Patient Type/ Clinical Condition</td>
<td>Procedures/Skills</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td></td>
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<tr>
<td>Altered Mental Status</td>
<td></td>
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<tr>
<td>Anemia</td>
<td></td>
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<tr>
<td>CAD/Myocardial Infarction</td>
<td></td>
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<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Chest Pain</td>
<td></td>
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<tr>
<td>CHF</td>
<td></td>
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<tr>
<td>COPD/Asthma</td>
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<tr>
<td>Depression/Anxiety</td>
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<tr>
<td>Diabetes mellitus</td>
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<tr>
<td>Dyspnea</td>
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<tr>
<td>Fever</td>
<td></td>
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<tr>
<td>Fluid/electrolyte/acid-base disorders</td>
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<tr>
<td>GI bleed</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Liver disease/Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Palpitations/arrhythmias/syncope/dizziness</td>
<td></td>
</tr>
</tbody>
</table>
### Summary of Evaluation Methods of Student Performance

#### Written Histories and Physical Exams

One goal of your clinical clerkships is to practice the skill of writing a comprehensive history and physical exam, including a thoughtful assessment of your patient’s medical problems and an appropriately supported differential diagnosis and initial management plan. In order to practice and enhance these skills, each student has to submit two H&Ps, which will count for 5% of the clerkship grade. You will submit one to Irene via email at the end of each block. They will be graded by Dr. Goetz and Dr. John. This write-up will be evaluated using the criteria described in detail on the H&P template. This template, titled IDEA form, is found on Blackboard.

Students should choose a patient with a medical problem that lends itself to a thoughtful assessment and differential diagnosis for this write up in order to demonstrate their clinical reasoning skills.

#### Observed History and Physical Examination Skills

Students rotating in Internal Medicine must learn and practice the specific skills necessary to perform a thorough and accurate medical interview and physical exam on adults. Each student must complete one observed encounter with an attending during each three week block. These will be evaluated on OASIS and will count for 5% of your clerkship grade.

During the Rush portion of the clerkship, each student will formulate and answer a structured clinical question about a patient. This will be done by filling out a critical appraisal worksheet and doing a 5-10 minute presentation for a group of peers and clerkship faculty. The templates are on Blackboard.

1. Summarize a clinical scenario from your IM rotation raising a clinical question.
2. Formulate a structured clinical question in the PICO format.
3. Choose a study that addresses your question. Let us know how you found the article. If you conducted a literature search (preferred), describe the search strategy used to answer your clinical question. If a resident or attending told you about the study, let us know that.
4. Fill out the template for the type of study—diagnostic study, therapy study, noninferiority.
5. This activity will be worth 5% of the total clinical grade.

Students will be meeting with Dr. John during the Rush month of the clerkship to review important literature appraisal concepts and receive information about critical appraisal of the literature. Please also look at the EBP presentation evaluation form, which is posted on Blackboard to see how you will be evaluated on this presentation.

### Clinical Reasoning Exam

This examination will use the Survey Gizmo platform and is designed to assess your diagnostic and clinical reasoning skills.

This is a closed book examination. You will have 2 hours to complete this exam. This exam will count for 10% of your final grade. Your grade will be calculated based on a compilation of the following:

- HPI and problem statement
- Assessment: choice of your top three possible diagnoses and your diagnostic reasoning.
- Tests: appropriate tests linked with applicable associated diagnoses
- Final diagnosis
- Final plan
- Answers to the multiple choice and short answer questions and two ECG readings

### Feedback Cards

You are expected to get at least 6 feedback cards total during the rotation: at least 3 from the first three weeks. Feedback can be based on a single encounter (e.g., a case presentation, physical examination, or patient interaction).

You need to hand out and collect your feedback cards. You should get verbal feedback about your performance along with the written feedback on the card. Make sure that at least one of the feedback cards is based on presenting a patient. You may certainly turn in more than 7 cards and are encouraged to do so. All feedback cards are to be turned in to the clerkship coordinator by Friday of the last week and at least three cards need to be turned in by your midterm feedback meeting. Failure to turn in a completed feedback card will be considered unprofessional behavior and may result in failure of the clerkship. Feedback cards are not used as part of your final grade and are meant to be formative in nature. Both the attending or resident and you will sign off on each card.

### Grading Policies

<table>
<thead>
<tr>
<th>Course Grading Scale</th>
<th>Final course grades are determined using the allocation of credit for each assignment and exam listed within Course Content. The grading scale for the course will not be available until September 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeframe for Reporting Grades</td>
<td>4 weeks from the last day of the clerkship experience, 6 weeks at the very latest</td>
</tr>
<tr>
<td>Assignment Submission</td>
<td>All clerkship materials must be submitted by the last day of the clerkship (day of the NBME examination by 5pm) unless exception granted by clerkship leadership</td>
</tr>
<tr>
<td>Late Assignments</td>
<td>Any materials submitted after the deadline above will potentially affect professionalism and thus the final grade on the clerkship</td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Late Examinations</td>
<td>NBME shelf examination must be taken at the time scheduled by OIME unless otherwise approved. See here for the NBME absence policy (<a href="https://rmc-integrated-curriculum.knowledgeowl.com/home/nbmeshelf-absencepolicy">https://rmc-integrated-curriculum.knowledgeowl.com/home/nbmeshelf-absencepolicy</a>)</td>
</tr>
<tr>
<td>Participation Expectations</td>
<td>See above</td>
</tr>
</tbody>
</table>

### Grade Breakdown

<table>
<thead>
<tr>
<th>Assessment Name</th>
<th>Assessment Method*</th>
<th>Type**</th>
<th>% of grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Performance Evaluations (clinical)</td>
<td>Clinical Performance Rating/Checklist</td>
<td>Formal summative</td>
<td>22.5% attendings 22.5% residents</td>
</tr>
<tr>
<td>NBME examination</td>
<td>Exam - Nationally Normed/Standardized, Subject</td>
<td>Formal summative</td>
<td>25%</td>
</tr>
<tr>
<td>Clinical reasoning examination</td>
<td>Exam – Institutionally Developed, Written/Computer Based</td>
<td>Formal summative</td>
<td>10%</td>
</tr>
<tr>
<td>OSCE Evidence-Based Practice Presentations</td>
<td>Clinical Performance Rating/Checklist</td>
<td>Formal summative</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Clinical Performance Rating/Checklist</td>
<td>Formal summative</td>
<td>5%</td>
</tr>
<tr>
<td>Observed History and Physical Examination Skills</td>
<td>Clinical Performance Rating/Checklist</td>
<td>Formal formative</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Observed encounter – Stroger attending</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observed encounter with a focused physical examination – Rush attending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2 H and Ps

- One submitted to ward attending during Stroger block
- One submitted to Irene via email and graded by Dr. Goetz at the end of Rush block

<table>
<thead>
<tr>
<th>Feedback Cards</th>
<th>Clinical Performance, Clinical documentation Review</th>
<th>Informal formative</th>
<th>0% - P/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Feedback Meeting</td>
<td>Clinical Performance/Checklist, Clinical documentation Review</td>
<td>Formal formative</td>
<td>0% - P/F</td>
</tr>
<tr>
<td>Patient contact/procedural log/simulation procedure skill/patient oral presentation</td>
<td>Clinical Documentation Review, Practical (Lab) simulation</td>
<td>Informal formative, formal formative</td>
<td>0% - P/F</td>
</tr>
</tbody>
</table>

Course Communication

All correspondence regarding the course should be sent to both the Clerkship Director (or designee) and the Clerkship Coordinator listed above.

All requests for time off should go through the survey gizmo link here:

- Current clerkship Issues: 48 hours
- Time off requests: 2 weeks
- Grade reconsideration requests: 4 weeks

See RMC Professionalism policy in Common Core Syllabus

All students are expected to:

1. Show respect for other students and the instructors in the class.
2. Be sensitive to the fact that there will be cultural and linguistic backgrounds, as well as different political and religious beliefs.
3. Express differences of opinion in a polite and rational way.
Expectations for professional behavior/
'Netiquette'

4. Maintain an environment of constructive criticism when commenting on the work of other students or the course.
5. Respect the privacy of other students.
6. Use good grammar and spelling.
7. Use salutations and titles in your messages. Formal titles (Dear Dr. Smith, Dear Professor, Dear Classmates) are always acceptable. It is also appropriate to end your note with a closing, (Thank you, Sincerely, Respectfully) when emailing students or faculty.
8. Be sure to say please and thank you.
9. Send only one message about a topic and wait for an answer.
10. Write your messages in formal language using sentences, capitalization, punctuation, and appropriate grammar.

Strategies for Success

How to Excel in Clinical Clerkships

• Practitioner
  - Take ownership of your patients. Know their pertinent data and lab and test results. Try to formulate a plan for their care.
  - Become an active member of your team.
  - Read specifically about your cases on a daily basis and ask informed questions about your patients during rounds.
  - Be available and enthusiastic when on call.
  - Practice your presentations so they are fluent, concise, complete, and dynamic.

• Medical Knowledge
  - Carry some reading material with you for “down time.”

• Professional
  - Manage stress by eating sensibly, exercising, getting sleep in your off hours, and confiding in family and friends.
  - Know your responsibilities, regardless of the setting.
  - Keep track of all of your patients, your course requirements.
  - Turn things in on time!

• Scholar
  - Seek learning opportunities from every patient encounter.
  - Recognize that you are responsible for your own learning: the more you put into the experience, the more you will get out of it.
  - Display intellectual curiosity.
  - Use information-seeking skills to address any knowledge deficiencies.
  - Develop a reading plan (e.g., if a text has 24 chapters, try to read three chapters a week)

• Advocate
  - Identify opportunities to identify patient healthcare barriers and pursue options to help them overcome.
Evaluate the health care system and pay attention to societal factors that play a role in patient health

- Leader
- Collaborator
  - Take the time to learn from EVERYONE on the health care team: nurses, physical therapists, patient techs – they often have the most relevant and up to date patient information.

Clerkship specific tips

- Be available, enthusiastic and an active member of your team. Actively participate on rounds. **Seeing patients** is valuable for the NBME exam as well as improving patient care.
- Use Lange’s Symptom to Diagnosis - available on the library website under ejournals and ebooks. This book is organized by symptoms and explains how to think through a differential diagnosis and listing key symptoms and signs that point toward a particular diagnosis.
- Choose one other book. Possibilities include Pocket Medicine by Sabatine (recommended), Essentials of Internal Medicine (not in library), Step Up to Medicine (not in library) and Case Files, Internal Medicine (library under ejournals and etextbooks) - cases, differential diagnosis, pearls and questions.
- Textbooks are useful resources to review the epidemiology, pathophysiology, clinical presentation, diagnosis and management of disorders, but reading a textbook cover to cover during the rotation is not practical. Harrison’s Principles of Internal Medicine and Andreoli and Carpenter's Cecil Essentials of Medicine, Eighth Edition are available on the library website.
- Develop a reading plan and a plan to complete questions. Start reading and doing questions the first week.

RESOURCES and SUPPORT

<table>
<thead>
<tr>
<th>Resources for Technology Problems</th>
<th>If you need help with Blackboard, call the Help line at (312) 563-CLAS, option 2. The Blackboard help line is available 24/7/365.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If you need help with access to your Rush computer account or software, call the Rush University Help desk at (312) 563-CLAS, option 4.</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>The Rush University Counseling Center offers free, confidential services to all currently enrolled Rush University students. The Center is staffed by clinical psychologists who can help you address a wide range of issues. For more information regarding the Center and its services call (312) 942-3687.</td>
</tr>
<tr>
<td></td>
<td>All students, including distance learners, have access to the Student Assistance Program at 1-800-292-2780.</td>
</tr>
<tr>
<td></td>
<td>The CAE provides holistic, targeted learning support for Rush University students. The services provided range from support in science, statistics, and writing to academic coaching.</td>
</tr>
</tbody>
</table>
### UNIVERSITY POLICIES

#### Academic Policies

Students are responsible for following all Rush University policies and the policies that are specific to their college of admittance. Please refer to the Rush University Student Handbook and the relevant College Student Handbooks for more information. Selected policies are described below.

#### Disability Accommodations

Rush University is committed to attracting and educating students who will help to make the health care profession representative of the national population, including individuals with disabilities. Part of Rush University’s mission is to promote diversity among its student population and to provide equal access to its facilities, programs, services and learning opportunities. In keeping with this mission, the University encourages students with disabilities to engage the Office of Student Accessibility Services as soon as they begin their program.

Students should contact Marie Ferro-Lusk, Manager, Office of Student Accessibility Services at Rush University, to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively at the University. Additional information can be found online at the Office of Student Accessibility website or by contacting the Office of Student Accessibility Services. In order to respect students’ privacy and ensure a thoughtful interactive discussion, students should not make accommodation requests to individual faculty members, lecturers, or course directors; instead, please contact:

Marie Ferro-Lusk, MBA, MSW, LSW  
Director, Office of Student Accessibility Services  
Armour Academic Center Suite 901  
Phone: (312) 942-5237  
Fax: (312) 942-2778  
Email: marie_lusk@rush.edu  
Website ([https://www.rushu.rush.edu/office-student-accessibility-services](https://www.rushu.rush.edu/office-student-accessibility-services))
<table>
<thead>
<tr>
<th>Honor Code and Academic Honesty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are expected to abide by the Rush Honor Code relating to academic integrity throughout all aspects of this course, including all assignments and exams. As trusted health care professionals, we take the issue of academic integrity very seriously and expect that you will adhere to the highest standards of integrity at all times.</td>
</tr>
<tr>
<td>Rush University students and faculty belong to an academic community with high scholarly standards. As essential as academic honesty is to the relationship of trust fundamental to the educational process, academic dishonesty violates one of the most basic ethical principles of an academic community, and will result in sanctions imposed under the University’s disciplinary system. A partial list of academically dishonest behaviors that would subject a student to disciplinary action includes:</td>
</tr>
<tr>
<td>- <em>Cheating</em>: Using unauthorized material or unauthorized help from another person in any work submitted for academic credit.</td>
</tr>
<tr>
<td>- <em>Fabrication</em>: Inventing information or citations in an academic or clinical exercise.</td>
</tr>
<tr>
<td>- <em>Facilitating Academic Dishonesty</em>: Providing unauthorized material or information to another person.</td>
</tr>
<tr>
<td>- <em>Plagiarism</em>: Submitting the work of another person or persons, as one’s own without acknowledging the correct source.</td>
</tr>
<tr>
<td>- <em>Unauthorized Examination Behavior</em>: Conversing with another person, passing or receiving material to/from another person or temporarily leaving an examination site to visit an unauthorized site.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intellectual Properties Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>All materials contained within this syllabus, course and course materials, whether in written form or presented through video or audio transmission, represent the intellectual property of faculty or Rush University Medical Center. Students are prohibited from sharing or transmitting content or materials through any media without express consent or permission of the copyright holder.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prohibition against Harassment, Discrimination, and Sexual Misconduct Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click on link below to access the RUMC policy “Prohibition against Harassment, Discrimination, and Sexual Misconduct.” The procedure for reporting harassment, discrimination, and/or sexual misconduct is found on p. 3.</td>
</tr>
</tbody>
</table>

**Syllabus: Neurology**

[RUSH UNIVERSITY RUSH MEDICAL COLLEGE](https://www.rushu.rush.edu/)
Syllabus: Obstetrics and Gynecology

REQUIRED CLERKSHIP SYLLABUS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Allison Chen-McCracken, MD - Obstetrics and Gynecology Clerkship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Review Date</td>
<td>June 30, 2020</td>
</tr>
</tbody>
</table>

Syllabus: Primary Care

PROCEDURE TITLE

<table>
<thead>
<tr>
<th>Contact</th>
<th>Rupel Dedhia, MD; Primary Care Clerkship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Review Date</td>
<td>June 30th, 2020</td>
</tr>
</tbody>
</table>

Syllabus: Pediatrics

REQUIRED CLERKSHIP SYLLABUS

<table>
<thead>
<tr>
<th>Contact</th>
<th>Elizabeth Van Opstal, MD - Pediatrics Clerkship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Review Date</td>
<td>April 26, 2019</td>
</tr>
</tbody>
</table>

Rush Medical College Course Syllabus - Pediatrics

<table>
<thead>
<tr>
<th>Course Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PED 701</td>
</tr>
<tr>
<td>Course Title</td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Course Code</td>
</tr>
<tr>
<td>Credit Hours</td>
</tr>
<tr>
<td>Clinical Practicum/Clerkship Hours</td>
</tr>
<tr>
<td>Term and Year</td>
</tr>
<tr>
<td>Location (in-class sessions)</td>
</tr>
</tbody>
</table>
| Course Coordinator/Course Director(s) Name and Contact Information | Clerkship Director: Viju John, MD Office: 1028 Kellogg Telephone: 312-942-4270; Pager: 3742 Email: Viju_T_John@rush.edu ()
Course Coordinator: Ms. Irene Arndts Office: 1032 Kellogg Telephone: 312-942-7089 Email: Irene_H_Arndts@rush.edu ()
| Additional Course Faculty Information | Associate Director: Joanna Kuppy, MD, 564 Pavilion Telephone: 312-942-6194 Email: Joanna_Kuppy@rush.edu ()
Faculty Development Coordinator: Stelios Mantis, MD, 1645 W. Harrison, Suite 710 Telephone: 312-942-6199; Email: Stelios_Mantis@rush.edu ()
Assessment Coordinator: Laura Meltzer, MD, 453A Pavilion Telephone: 312-942-1501; Email: Laura_Meltzer@rush.edu ()
Evidence Based Medicine and Primary Care Coordinator: Vikram Nandhan, MD, 1645 W Jackson, Suite 200; Email: Vikram_r_Nandhan@rush.edu ()
Rush Medical College Faculty: . Attendings will include ward attendings at Rush and Stroger, as well as faculty who work in the ambulatory setting, both in our Rush pediatric clinics and in the community practice sites where students may work. Housestaff physicians...
are comprised of interns and senior residents. On this rotation, you will be working with and evaluated by attending faculty and resident house staff.

**Course Description**

The clerkship in internal medicine is designed to introduce students to the study and skills of clinical medicine. Through the case study approach, students have the opportunity to evaluate and manage a variety of patients and their problems. In this manner, students can develop their skills in history taking and physical examination and will review pathophysiological principles in caring for patients. Students will develop an understanding of relationships between disease states and patient hosts from the medical, social and emotional points of view. The ward team approach allows students the opportunity to actively work toward the goals of good patient care and the acquisition of a solid foundation of medicine. Students are expected to supplement their learning through a self-study program of learning objectives. This will provide the students with exposure to basic technical skills as well as a core set of topics in internal medicine.

**Course Objectives**

At the completion of this course, the student will be able to:

<table>
<thead>
<tr>
<th>Role Objective</th>
<th>Map</th>
<th>Events</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather a relevant pediatric history, effectively utilizing collateral sources of information</td>
<td>PRA-1a</td>
<td>Clinical patient encounters; virtual patient encounters and written analysis; two submitted H&amp;Ps; simulation experience</td>
<td>Clinical evaluations (SPE); two submitted H&amp;Ps; 1-2 oral presentation assessments; two observed mini-CEX; NIME subject exam</td>
</tr>
<tr>
<td>Perform a pediatric examination</td>
<td>PRA-1b</td>
<td>Clinical patient encounters; virtual patient encounters and written analysis; two submitted H&amp;Ps; two observed complete physical exams (neonate and child) simulation experience</td>
<td>Clinical evaluations; two submitted H&amp;Ps; 1-2 oral presentation assessments; two observed mini-CEX; NIME subject exam</td>
</tr>
<tr>
<td>Create a prioritized problem list and differential diagnoses for a wide range of presentations of the pediatric patient</td>
<td>PRA-2</td>
<td>Clinical patient encounters and written analysis; two submitted H&amp;Ps; simulation experience</td>
<td>Clinical evaluations; two submitted H&amp;Ps; 1-2 oral presentation assessments; two observed mini-CEX; NIME subject exam</td>
</tr>
<tr>
<td>Formulate appropriate treatment plans based on available, including appropriate screening, risk reduction and health promotion strategies</td>
<td>PRA-3a</td>
<td>Clinical patient encounters in the outpatient setting (healthcare maintenance visits); virtual patient encounters (CLIFF cases)</td>
<td>Clinical evaluations; two submitted H&amp;Ps; 1-2 oral presentation assessments; two observed mini-CEX; NIME subject exam</td>
</tr>
<tr>
<td>Document a patient evaluation, including that not exclusive to the categories included in the required clinical experiences</td>
<td>PRA-4a</td>
<td>Clinical patient encounters; virtual patient encounters and written analysis; two submitted H&amp;Ps</td>
<td>Clinical evaluations; two submitted H&amp;Ps; 1-2 oral presentation assessments</td>
</tr>
<tr>
<td>Present a pediatric patient evaluation</td>
<td>PRA-4b</td>
<td>Clinical patient encounters; patient rounds</td>
<td>Clinical evaluations; 1-2 oral presentation assessments</td>
</tr>
<tr>
<td>Demonstrate knowledge of the common illnesses and conditions in patients ranging in age from newborn to adolescence</td>
<td>KNO-1</td>
<td>Clinical patient encounters; abnormal clerking group learning sessions and online modules; student presentations, mid-rotation CLIFF exam, two H&amp;Ps submitted, simulation experience</td>
<td>Clinical evaluations; 1-2 oral presentation assessments; logbook of clinical experiences, NIME subject exam, pass/fail quizzes for online materials</td>
</tr>
<tr>
<td>Demonstrate the ability to communicate health care information effectively to both children and their caregivers, as well as</td>
<td>COM-1</td>
<td>Clinical experiences in inpatient and outpatient settings; Patient Education with Technology (Parent/Patient feedback)</td>
<td>Clinical evaluations; two oral presentation assessments; 1-2 observed mini-CEX, Patient Education with Technology feedback</td>
</tr>
</tbody>
</table>
### Pre-requisites
Successful completion of the M2 year, including the Clerkship Entrance OSCE. Must have passed clinical component of all previous M3 clerkships.

### Co-Requisites
None

### Required Textbooks
None

### Recommended Textbooks
None

### Recommended Websites
None

### EReserves Information
None

### Required Equipment/Uniform
Professional dress is very important and is expected by your patients. Discuss with your team whether scrubs will be recommended, if not, plan to dress "business casual". No denim or sneakers should be worn. Open-toed shoes are prohibited in most clinical areas of the hospital; do not wear these.

When on call, students may be required to wear scrubs or the attire described above. Wearing of scrubs must follow the Rush Scrub Policy.

You are required to wear your ID badges at all times.

### My Apps: See here for the NBME absence policy (https://rmc-integrated-curriculum.knowledgeowl.com/home/nbmeshelf-absencepolicy)
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Expectations</td>
<td>See above</td>
</tr>
</tbody>
</table>

**Clinical Responsibilities**

<table>
<thead>
<tr>
<th>Clerkship Structure</th>
<th>Students rotating at the Rush and Stroger sites will have:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6 weeks of pediatrics comprised of a combination of these core experiences:</td>
</tr>
<tr>
<td></td>
<td>• Acute Care/Emergency Room</td>
</tr>
<tr>
<td></td>
<td>• Outpatient primary care (expect to need a car) preceptor/Acute care</td>
</tr>
<tr>
<td></td>
<td>• Either PICU or NICU</td>
</tr>
<tr>
<td></td>
<td>• General pediatric floors, which may include night float</td>
</tr>
<tr>
<td></td>
<td>• Optional: Subspecialty week</td>
</tr>
</tbody>
</table>

The exact breakdown of time on each of these services is somewhat dependent on patient volumes and availability of experiences due to COVID.

<table>
<thead>
<tr>
<th>First Day</th>
<th>The first day will be an orientation day, starting the first morning. Your schedule is emailed.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Inpatient Clinical Responsibilities</th>
<th>Each student will participate as a member of the health care team member the clinical services to which s/he is assigned. Students are expected to perform the following clinical tasks on all their patients:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Perform daily rounds on the patients, and author progress notes in the medical record</td>
</tr>
<tr>
<td></td>
<td>• Initiate orders after they have been approved by the student’s supervising physician (on all inpatient teams)</td>
</tr>
<tr>
<td></td>
<td>• Perform history and physical examinations</td>
</tr>
<tr>
<td></td>
<td>• Author an H &amp; P, as well as daily notes, in the EMR on any patient you are following.</td>
</tr>
<tr>
<td></td>
<td>• You may also ask to interview or examine a fellow student’s patient whose clinical care will help you satisfy one of your course requirements. Many patients who are hospitalized appreciate the opportunity to engage with other students who are learning about pediatric medicine. Always ask first, but most patients will say yes!</td>
</tr>
<tr>
<td></td>
<td>• Discuss the clinical assessment and proposed plan for each patient with your supervising physician</td>
</tr>
</tbody>
</table>


Participate in any procedures
You are expected to carry 2-4 patients daily
Assist team in the patient and parent education

General Service (Green Team A & B) on 6 Kellogg

On your first day, plan to arrive on the pediatric inpatient unit, 6 Kellogg, before 7 AM, which is the time for morning sign out rounds between the float team and the day team housestaff. Introduce yourself to your intern and senior resident and be prepared to start getting to know the patients assigned to you. On your first day after orientation, meet up with the team on 6 Kellogg (Green Team A&B), When on daytime service, you will be expected to attend Grand Rounds as well.

On all subsequent days, arrive by at least 7 AM and listen in to sign out regarding the patients that you are following. It is the responsibility of the resident to assign new patients, who were admitted overnight, to students. You will need to pre-round on your patients (review overnight vital signs, chart clinical condition, lab work) and examine/speak to each patient before morning rounds. You will participate in all work rounds, teaching rounds, and admit new patients. You will have the opportunity to present the patients that you are following during morning attending rounds. You are required to attend a minimum number of daily noon (or often 11:45) conferences with your team; some of these may occur over Zoom. You should also be present for afternoon sign out rounds, though those may be primarily run by the housestaff. Generally you can leave around 4pm, depending on the care of your patients. Some days may be later. Each day, one inpatient service student will be asked to stay until “late sign out” at 7 PM to participate in patient care during those hours and admit new patients (afternoon hours are peak admission time). Please stay until 7pm even if allowed to be dismissed early.

PICU Team 1service on 8 Tower:

Arrive on the unit at 7 AM on your first day. Introduce yourself to the house team and prepare to pre-round on patient(s) assigned to you. Rounds occur AM every day on this service, and you should plan to pre-round every day before that time. You will participate in all work rounds, teaching rounds, admit/evaluate new patients. You are required to attend noon conference and be present for afternoon sign out rounds, though those may be primarily run by the housestaff. You will assigned to the morning shift (7-3) and the PM (3-11 pm) during your time in the PICU; please consult your schedule for details.
NICU service on 8 Tower:

Arrive on 8 Tower Monday morning at 7am (ask the clerk to send you to the north hallway – where the residents and nurse practitioners work). On most days, you should stay until sign-out is complete, which is between 4 and 5pm. You should expect to follow and present 2-3 patients during the week. You are expected to attend morning huddle which is at 9am, and rounds begin immediately after. Please refer to the NICU specific schedule. You may attend deliveries with residents. Afternoons you will rotate with other disciplines, such as respiratory therapy, nursing, physical therapy and speech therapy. You should choose one evening to stay late call until 9pm (choose a night when your senior resident is on call). Please refer to your NICU specific schedule, which you should receive during orientation. Depending on your schedule, you may be scheduled for a morning shift (7am-3pm) or an evening shift (2pm-10pm).

Night Float service (covers Blue and Green teams):

Arrive on the 6 Kellogg unit prior to 6:30 PM, in order to participate in the sign out that occurs at that time between the housestaff teams as they change shifts. Introduce yourself to the intern and resident that you will be working with for the 5 consecutive nights of this experience. You will evaluate and work up new admissions, as well as work with the housestaff team to address any medical issues that arise during the shift (i.e., pain, fever, respiratory distress that occurs in patients already admitted). You will be able to use the Pediatric Student Room in PAV 1236 & 1237. The password is 4-3-2-1. You will participate in 8AM morning rounds with the day team; most of the newly admitted patients will be presented by the interns, but students will have an opportunity during these 5 days to present a new admission that you have evaluated overnight. You will be off from 9 AM until 6:30 PM, except if the last day of call is a Saturday. On this day, you are excused to leave when your team is done presenting patients and completing patient care, which is often closer to 10am. Your schedule mirrors that of the pediatric interns, and this experience will allow you to see what clinical care is like in a hospital setting during “off hours.” You are excused from Wednesday afternoon group learning activities during this experience, as well as from noon conferences. You are still expected to turn in written assignments.

Stroger General Service Teams:

Plan to arrive at 6:45 in the morning to pick up new patients and be ready for sign out. Attend 8 AM conference (if occurring, subject to change with COVID) on the 1st day you are assigned to inpatient pediatrics, which is held in the classroom on the 4th floor in the Pediatric unit. Join your team and pick up patients immediately following. On all subsequent days, be prepared to pre
round on your assigned patients BEFORE 8 AM conference. You will participate in all work rounds, teaching rounds, and admit and evaluate new patients. You should attend daily 8 AM and noon conferences or afternoon conferences your team, and be present for afternoon sign out rounds, though those may primarily run by the housestaff. You are expected to finish by 4 pm unless your late call day. On weeks when the Stroger General Pediatrics team and PICU teams are combined in the PICU space due to low census (<5 patients on your assigned team), students are expected to round with both teams to gain maximum clinical exposure during the peds rotation.

**Stroger Pediatric ICU:**

All Stroger students will rotate for one out of their four inpatient weeks in Peds ICU (4th floor, Stroger Hospital.) Arrive at 6:45 AM to round on your patients. You will attend all 8 AM and noon conferences along with your residents, including Grand Rounds on Tuesday mornings. Attending rounds begin at 9 AM. Sign out rounds occur at approximately PM daily, and you will be expected to stay late one day during the week with your senior resident until 7 pm for “call” to get exposure to after-hours clinical care and decision making in the intensive care unit. PLEASE USE THE RUSH NIGHT RUN SHUTTLE VAN TO RETURN TO CAMPUS AFTER DARK (see Common Core Syllabus for schedule/links). On weeks when the Stroger General Pediatrics team and PICU teams are combined in the PICU space due to low census (5 patients on your assigned team), students are expected to round with both teams to gain maximum clinical exposure during the peds rotation.

**Stroger NICU:**

You will spend a week in the Stroger NICU. During this week, you should expect to follow 2-3 patients. You should try to follow patients with interesting but not too complex hospital courses. Please consult NICU specific schedule. There is a unique way of presenting in the NICU, so make sure to ask your team resident/fellow for the flowsheet used in the NICU. Most days you expect to leave by approximately 4 pm, except for the call day. You should attend deliveries and can go on transport runs if this opportunity arises. In the afternoon, there is sometimes NICU follow up clinic, which you should attend. Please see your NICU specific schedule.

- Rush students are assigned to the Rush ED, and Stroger site students are assigned to the Stroger ED. All students are scheduled for afternoon, evening, and weekend shifts to expose you to the maximal variety of patient diagnoses and encounters. You may not alter your schedule without the permission of the clerkship director. All students are assigned an equivalent total number of ED hours.
- Arrive promptly.
Pediatric Emergency Department - Clinical Responsibilities

At the beginning of your shift, introduce yourself to the attending and residents present.

Be proactive about seeing patients and participating in/observing procedures, in order to be included in more clinical activities.

Patient encounters that satisfy course requirements must be documented with a Medical Student Note in the EMR. If you are unable to document in the EMR, write a paper note on the Alternative Documentation (salmon colored) form provided in your orientation packet. This must be turned in to get credit for this patient encounter.

You are required to obtain 4 microevaluations in total during your acute care/comp care and ER shifts. 2 should be from residents, and 2 should from attendings. You have to pull up the link for faculty to fill out.

Location and Contact Info:

- Rush Pediatric ED in the Tower building, 1620 W. Harrison St., 1st Pod A, Phone: 312-942-6803, Director: Rahul Patwari, MD
- Stroger Pediatric ED, 1969 W. Ogden Ave., 1st Floor, Entrance 3, P 312-864-1500, Director: J. Thomas Senko, DO

Newborn Nursery Clinical Responsibilities

Rush Mother Baby Unit / Stroger Newborn Nursery:

- Rush students are assigned to the Rush Mother Baby Unit (MBU) for the general care nursery experience; Stroger students will be assigned to the Stroger nursery (GCN).
- Rush Mother Baby Unit students are assigned a 7AM – 12 PM shift and should stay late on one of the weekdays to attend deliveries 1pm-6pm.
- Stroger newborn nursery students are assigned a 7 AM – 3 PM shift.
- Review the “Up to Date” article on “Examination of the Newborn” and review videos on Blackboard prior to your first day in the nursery. It is included on our clerkship website (RUBlackboard).
- You will be assigned your own infants to follow, and will also learn from other patients presented on rounds.
- You must document your clinical encounters with each patient that care for with a Medical Student Note in the Electronic Medical Record.
You must perform an observed newborn exam during your week in the newborn nursery. Plan with your supervising resident/attending and do not leave this until the last day!

· Attire exception: No “hanging” ties for men. Bow ties are acceptable.

Location and Contact Info:

Rush Mother Baby Unit, 8th floor, Atrium building, Phone: 312-942-5063 Director: Carrie Drazba, MD

Stroger Newborn Nursery on east side of pediatric unit on 4th floor (Snow City Art Room), Phone: 312-400-8239 Director: Andrew Altiveros, MD

Acute Care/Comp Care

Clinical Responsibilities - Rush-

Each student is assigned shifts in the urgent care portion of either the Rush or Stroger pediatric clinic. These are generally half day assignments. Students see patients independently or in conjunction with a resident, form an independent assessment, and present to either a resident or an attending. Students enjoy the opportunity to see undifferentiated patients with new complaints that may require further evaluation (i.e., headache, vomiting, fever, pain, sore throat, etc.). All students are scheduled for a similar number of patient care hours. You may not alter your scheduled shifts without discussing with the clerkship director or clerkship coordinator.

· On arrival, introduce yourself to the attending, residents, and any ancillary staff.

· You are expected to work with the third year resident, but can see other interesting patients if arise with second year residents

Patient encounters that are used to satisfy any course requirements must include documentation in the medical record.

· Each student’s schedule will be individualized. Bring something to study in the event of no-show patient appointments or unanticipated “down time” during the day (this is uncommon, but can happen. Patient volume in acute care is seasonal).

· Be proactive; students who are motivated and engaged are able to see more patients, assess more physical findings, and learn more from this busy clinical experience!

Again, you should be using the microevaluation for this setting.

Location and Contact Info:
The Rush Acute Care clinic is located in the Rush Pediatric Primary Care Center, Suite #200, 1645 West Jackson (corner of Paulina); Phone: 312-942-2200.

The Stroger Comp Care clinic is located in the main hospital of Stroger, on the 4th floor. Phone: 312-864-6221

All students are assigned to an ambulatory experience with a primary care pediatrician, some of whom practice here at Rush and others in community practices across greater Chicago and the surrounding suburbs. The goal of part of the clerkship is to give you a taste of primary care pediatrics and an appreciation for the types of patient concerns that arise in general pediatric practice. You may be required to obtain a car during this week, as not all are in the city. These include, but are not limited to: health care maintenance, nutrition, immunization, anticipatory guidance, developmental assessment, injury prevention, screening tests, phone triage, and the interval management of many acute problems as well as common chronic conditions. You will also hone your interviewing and pediatric physical exam skills.

- Call or email to confirm your participation with any faculty member in advance.
- Allot adequate travel time, particularly if travelling to an off campus practice.
- Introduce yourself to the attending and any ancillary staff.
- Each student may perform an observed physical exam of a well child during this portion of the clerkship. This is optional, but will likely be helpful for feedback.
- Patient encounters that are used to satisfy any course requirements must include documentation in the medical record: if you are unable to utilize the Rush or Cerner EMR at your site, then you must document and submit a paper note on the Alternative Documentation form (salmon colored) which was included in your orientation packet. This must be submitted to the clerkship coordinator to include in your file.
- Each student’s schedule will be individualized. Bring something to study in the event of no-show patient appointments or unanticipated “down time” during the day.

Utilize the resources found in the Ambulatory Preceptor folder on RUBlackboard to prepare for this experience.
Some students are assigned to a subspecialty week with a pediatric subspecialist. The goal of this part of the clerkship is to expose you to the types of patients seen by subspecialists, which often include new consults and the management of children with chronic disease. Each student will be assigned a week long subspecialty experience. Each student will be assigned to his/her own preceptor, and these span the gamut of subspecialties represented at our institution, including but not limited to: GI, Cardiology, Pulmonary, Nephrology, Neurology, Genetics, Infectious Diseases, Developmental, etc.

- Review the subspecialty schedule emailed to you by the coordinator in advance of the week; contact the relevant staff as directed to determine meeting time for Monday of that week.
- Introduce yourself to the attending and any ancillary staff.
- Allot adequate travel time, particularly if traveling to an off-campus practice.
- Patient encounters that are used to satisfy any course requirements must include documentation in the medical record: if you are unable to utilize the Rush or Cerner EMR at your site, then you must document a written “paper” note on the Alternative Documentation form (salmon colored) included in your orientation packet. This note must be turned in to the clerkship coordinator to be placed in your file in order to receive credit for this patient encounter as part of the course requirements.
- Each student’s schedule will be individualized. Bring something to study in the event of no-show patient appointments or unanticipated “down time” during the day.

*If you work with a provider less than 2 days, please ask for a micro evaluation.*

**Clerkship Group Learning Activities**

We hold group learning sessions, including student presentations, every Wednesday 1:10 PM - 4:30 PM. Many of these sessions have online learning to do prior to sessions. These may be occurring by Zoom depending on COVID and social distance needs. There may be pass/fail short quizzes to complete prior to the session.

CLIPP Case analyses are due by 9 AM on day assigned on schedule (generally Wednesdays). (Late cases will have points deducted)

EBP Presentations by individual students will be held in small groups via Zoom or in person; you will be notified ahead of time of when you are scheduled to present.

Students on call Wednesday nights return to their clinical responsibilities at the conclusion of lectures.

Attendance at Wednesday sessions is **required for all students**, except the
Required Didactic Sessions

the night float team for that week.

Site Specific Lectures

Stroger students may have scheduled mandatory lectures with the Site Dir Dr. Dighe. See schedules for details. These have previously been on Mon afternoons, but may change this academic year.

Students are expected to attend the lectures that are offered to the residents and other students at their respective sites. This includes noon conferences, journal clubs, etc.

You are excused from attending resident/housestaff meetings.

Grand Rounds- Combined for Stroger and Rush

Pediatric Grand Rounds - Fridays, Noon, via Zoom. Link will be shared.

All students during their inpatient rotation and during nursery rotation are required to attend Pediatric Grand Rounds (except PICU students as it conflicts with rounds, and Night Float students – they are also excused).

Students on their outpatient rotation are recommended, but not required, to attend Grand Rounds, unless they have off campus outpatient assignments require more than 30 minutes of travel time and would therefore be unable to arrive at their assigned clinic on time. Students are required to sign in on the attendance form located at the back of the conference room. You are expected to attend on nursery weeks if your team is attending.

Rush Site Students

Students doing their two week rotation on the Green or Red team will work from pre-rounding in the morning until the resident excuses you in afternoon or 7 PM sign out rounds, and one weekend day call during that period (assigned on your schedule, either Saturday or Sunday). The schedule in your orientation packet and posted on RUBlackboard identifies the student who is expected to stay late until 7 PM each day. Each student will work one weekend day call during that period (assigned on your schedule, either Saturday or Sunday, 7 A until 9 P). Students who take call on Saturday are not expected to return on Sunday morning for work rounds.

Students on the PICU team will be assigned to a combination of day shifts and night shifts (7-3 pm and 3 pm -11 pm)

Most students will work 5 consecutive nights on the Night Float team (two students plus one intern and one senior resident), Monday thru Friday nigl 7 PM – 9 AM (except on Saturday morning, which is often later end, as al This experience will parallel the intern schedule in Pediatrics and give the student the opportunity to work up new patients and participate in after-hc care decisions about pediatric inpatients. (see above, under inpatient)
### On Call Responsibilities

**Stroger Site Students**

Students on the ward team at Stroger will take “long call” until 7 PM once a week with their senior resident. Students will have the opportunity to work up new admissions and participate in after-hours care decisions about pediatric inpatients. Some students will take call with their regularly assigned residents, and others will work with a designated “on call” resident team.

Each Rush student will spend one of his/her four inpatient service weeks in the Pediatric Intensive Care Unit working with the housestaff and attending physician there in the care of children admitted with critical care conditions.

The Rush green and white shuttle van is available to escort you to your car at night; please take advantage of this service and be mindful of your personal safety when arriving or leaving the hospital campus after hours.

During your outpatient month, you may be assigned to evening or weekend shifts in the Rush and Stroger Hospital Emergency Department. Please be mindful and check your assignments before scheduling personal activities during that time period.

**CALL SCHEDULES MAY NOT BE CHANGED WITHOUT PERMISSION. NUMEROUS PEOPLE ARE IMPACTED BY ANY CHANGE IN A CALL SCHEDULE. IF YOU HAVE A CONCERN REGARDING YOUR PERSONAL SCHEDULE, PLEASE DIRECT IT TO MS. Rochelle Reeder OR CLERKSHIP DIRECTOR(S).**

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### Clerkship Specific Documentation Expectations

**Patient Contact and Procedure Logs (OASIS)**

All REQUIRED patient contacts and procedures must be recorded in OASIS as described in detail above. One way is to keep your written log book with you at all times and be sure to transfer records in that book into OASIS at least weekly.

Duty hours must also be logged for every day of the clerkship where you are required to be at clinic activities. If you are not assigned or have a day UNASSIGNED, the hours must be recorded as 0.

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### Required Clinical Experiences
| Clerkship/ | Patient type/ | Procedures/Skills | Clinical setting | Level of student responsibility* |
| Clinical discipline | Clinical condition | | | |
| Pediatrics | Anemia | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Child behavior/development | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Chronic disease | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Cardiac Condition | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Emergency Condition | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Fever | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Fluid/Electrolyte | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Genito-urinary/Renal disease | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | GI disease | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Obesity/Growth/nutrition | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Preventative health care 0-1m | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Preventative health care 1m-1y | General care nursery Inpatient floor Outpatient offices Emergency Room | FP or PP |
| Pediatrics | Preventative health care General care nursery Inpatient floor | FP or PP |
Pediatrics

<table>
<thead>
<tr>
<th>Clerkship/ Clinical discipline</th>
<th>Patient type/ Preventative health care</th>
<th>Procedure/Skills</th>
<th>Clinical setting</th>
<th>Level of student responsibility*</th>
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<td>1y-11y</td>
<td>Outpatient offices Emergency Room</td>
<td>FP or PP</td>
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<td>12-18y</td>
<td>General care nursery Inpatient floor</td>
<td>FP or PP</td>
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<td>Lower respiratory tract illness</td>
<td>General care nursery Inpatient floor</td>
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<td>FP or PP</td>
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<td>FP or PP</td>
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<td>General care nursery Inpatient floor</td>
<td>FP or PP</td>
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<tr>
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<td>Neurological disease</td>
<td>General care nursery Inpatient floor</td>
<td>FP or PP</td>
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<tr>
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<td>Rash</td>
<td>General care nursery Inpatient floor</td>
<td>FP or PP</td>
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<td>Pediatrics</td>
<td>Upper respiratory tract illness</td>
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<td>FP or PP</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Other</td>
<td>General care nursery Inpatient floor</td>
<td>FP or PP</td>
<td></td>
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</tbody>
</table>

Summary of Evaluation Methods of Student Performance

One goal of your clinical clerkships is to practice the skill of writing a comprehensive history and physical exam, including a thoughtful assessment of your patient’s medical problem(s) and an appropriately supported differential diagnosis and initial management plan. In order to practice and enhance these skills, each student will be given the opportunity to submit two H & Ps during the inpatient month of the clerkship, the first one for formative feedback and the second for a grade (5% of the clerkship grade). A sample H & P has been included on the clerkship Rublackboard website to use as an example. Your CRASH manual also includes a section on “Presenting the Patient” which includes examples and guidelines for composing an excellent H & P.

Each student must submit one H & P to the clerkship faculty as assigned via Blackboard as a Word document, typically after the completion of inpatient weeks. Due dates will follow for each student from the clerkship coordinator. This write up will be evaluated using the criteria described during orientation and detailed on the H & P template. (This template is found in this handbook, as well as on the pediatric clerkship Rublackboard website.) Students will receive written comments/feedback on their work. Each student must submit a second H & P by the conclusion of his/her inpatient month (end of week #4), which will be graded using the same guideline. This will contribute 5% of the student’s overall clerkship grade.

The pediatric clerkship utilizes an H & P grading rubric similar to that utilized in other M3 Core clerkships. Students should choose an admitted inpatient whom they are following on service with...
Observed Clinical Skills

Students rotating in Pediatrics must learn and practice the specific skills necessary to perform a thorough and accurate medical interview and physical exam on children and adolescents of all ages. This is the Core clerkship where the skills used to interview and examine younger patients are developed. Each student must complete one observed history, one oral presentation, and two observed physical examinations, one on a newborn in the general care nursery, and one on a well child (between two and twelve years of age). The well child exam is most readily performed during your primary care pediatric experience. If are unable to examine a well child in the outpatient setting, you may examine a pediatric inpatient to satisfy this requirement. In addition, each student will be observed during an oral patient presentation on rounds. Each student receives four checklists for these structured, observed skills – history, physical exams, and oral presentation - and must ask his/her direct supervisor to observe them, complete the appropriate checklist to document performance, and provide direct feedback. Completing these activities and turning in the necessary checklists is a pass/fail requirement of the course.

You will gain the most benefit by doing these observed skills early in the clerkship, when the formative feedback will help you refine your pediatric physical exam skills.

- Well Child Physical Exam (best done with your ambulatory preceptor- optional but encouraged)
- History (Interview) (best done during an inpatient rotation)
- Oral patient presentation on rounds (done during any inpatient rotation)

The student EBP presentation allows each student to develop a clinical question from a patient encounter, search the medical literature for relevant data and apply the results to patient care. Student may be assigned a date for his/her presentation during their outpatient or inpatient block. However, the clinical question chosen may relate to any part of the clerkship (inpatient, nursery, ER, etc.). The student should present medical information in an organized and concise manner, display a clear understanding of the particular case and question, and encourage fellow student participation in discussion regarding the case.

Each student should utilize the EBP process in answering the clinical question and share their experience in a class presentation with the following guidelines:

- Small group discussion led by the student presenter, moderated by pediatric faculty
- 20minutes total
- Presentation contents:
  - Brief description of the case
### Evidence-Based Practice Presentations

- State the clinical question in PICO format
- Identify the search strategy utilized and distribute the **one** best reference used
- Direct the group to read the methods section and lead the discussion of the validity of methods, using the appropriate rubric for analysis (diagnosis, therapy, etc.)
- Direct the group to read the results section and formulate the appropriate 2x2 table and calculations
- Lead the discussion of the conclusions of the study and the applicability of the study to your patient
- State the PICO and the “clinical bottom line” to the large group

Your presentation will be evaluated on:

1. Application of the PICO process to the question
2. Quality of literature search and reference you used
3. Ability to lead the small group in the analysis and interpretation of the data from your study
4. Ability to lead the small group in discussing the application of the study to your patient
5. Participation in group discussion of all presentation in the group

Please consult the EBP presentation evaluation form, which is posted on RUBlackboard for more detail.

Please consult the **Evidence-Based Practice: Medical Students Users Guide** that was distributed at CRASH and is posted on RUBlackboard for assistance in preparing for the presentation.

You must submit your proposed PICO question by the **Friday prior to your presentation** to Vikram Nandhan for approval (e-mail or in person.)

You must also submit your reference and rubric to the faculty leading the session and the other students in your group by the **Monday prior to your presentation**.

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The acronym CLIPP stands for “Computer-assisted Learning in Pediatrics Program.” The computer based CLIPP cases are a well-developed, peer reviewed set of standardized, patient-centered simulated cases. The content is aligned with the COMSEP curriculum. CLIPP was developed by pediatric clerkship directors across the country. These cases are used by most pediatric clerkships to enhance student experience by exposing **all** students to certain core clinical cases, regardless of the geographic location or season of the year in which they do their pediatric clerkship.

15 of the 30+ CLIPP cases are required during the rotation. The rest are optional. Refer to specific schedule. Each week, and completion will be monitored on the CLIPP Instructors’ website. **For two of the cases, students will be required to complete and turn in a CLIPP**
Case Analysis Tool, a one page structured worksheet designed to help the student learn the material and practice his/her clinical reasoning skills. All cases for any given week (with or without the worksheet due) must be completed on due date by 9:00 AM (see schedule). During the weeks that the CLIPP Tool cases are due, they are to be submitted on RUBlackboard. They will be reviewed afterward by the clerkship director to confirm the self-assigned grade.

Anticipate that each case will take 45-60 minutes to work through, so plan ahead. The average score of the two CLIPP Case Analysis Tools will contribute 10% to the student’s final clerkship grade. The CLIPP Case Analysis Tool and process taught during the clerkship are designed to help students learn and practice the steps involved in clinical reasoning during patient evaluation, which may then be applied to the evaluation of clinical cases.

Recommendations in Approaching the CLIPP Cases

The approach to the CLIPP cases and the case analysis worksheet follows the problem oriented system that Rush Medical College and this clerkship teach and emphasize. If a case has more than one patient-physician encounter, analyze the most significant encounter (this is indicated on the list of CLIPP case due dates as well).

Cases are not intended to be tricky or complicated. In going from one step to the next, do not merely restate the previous step. Utilize the detailed Student Instruction Sheet, which is included in your Orientation packet to help you complete the CLIPP case analysis worksheet.

Epidemiology / Patient Profile

This includes the characteristics of the patient, the patient’s previous known disease(s), or elements of the patient’s history that are identified as important determinants or limitations of the diagnostic possibilities.

Common examples include age, gender, and chronic disease. Others might be smoking history or contacts with infectious diseases. Only characteristics that significantly alter the differential diagnosis should be included. An example is “3 day old full term male newborn.”

Prioritized Problem Cues

All abnormal findings in the history and physical exam are problem cues. Problem cues are to be listed in 3 categories: most important in the determination of the diagnosis of the active problem (Tier 1), intermediate importance (Tier 2), and least important (Tier 3). Some findings will be more important to the patient’s presentation and ultimate diagnosis, but ALL abnormalities in the database should be included in the grid. Normal findings, in general, are not problem cues. Pertinent negatives are very important in the history and should be included in your evaluation of any patient, but documenting numerous negatives clutters your list of problem cues and makes it more difficult to organize the pertinent information into a succinct problem statement. Identify and list up to 3 critical negative findings on the last line of the problem cue grid at the top of your worksheet.

Problem Statement

The epidemiology, time course of illness, and key findings from the history and physical exam are consolidated into a concise yet inclusive statement from which one can efficiently develop a
differential diagnosis. The problem statement should include 1 or 2 sentences, not a paragraph. An example is, “This is a 3-year-old child with history of minor trauma and URI, who presents with new onset limp and decreased internal rotation of left hip.” At this point, it is appropriate to translate the problem cues into medical jargon, for example:

<table>
<thead>
<tr>
<th>Patient Says</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurred last night</td>
<td>Sudden onset</td>
</tr>
<tr>
<td>Only in the left knee</td>
<td>Monoarticular, large joint</td>
</tr>
<tr>
<td>It comes and goes</td>
<td>Episodic, recurrent</td>
</tr>
<tr>
<td>Pain is 9 out of 10</td>
<td>Severe</td>
</tr>
<tr>
<td>Pain only when working</td>
<td>Exertional</td>
</tr>
</tbody>
</table>

**Differential Diagnosis**

Each student is asked to identify three likely diagnoses for each virtual patient case, document these on the worksheet, and provide supporting evidence from history and physical exam for each one. This process mirrors that of the USMLE Step 2 Clinical Skills exam, and will help students practice selecting the most likely diagnoses and supporting them with evidence.

**Initial Diagnostic, and Treatment Plan**

Identify the initial steps you would take to evaluate the patient and ascertain the diagnosis. If certain tests take priority, state that. Identify the initial steps you would take in managing this patient’s care. If the patient is unstable, ABC (airway, breathing, circulation) evaluation might be listed first. Often, many steps are taken simultaneously to both evaluate and treat the patient. Explain the clinical reasoning behind the testing you would like to order and the interventions you feel are appropriate. Once you have identified the diagnosis (and the diagnosis is always identified in the on-line case, it is not a secret), describe the management steps that are indicated. Be as specific as possible, and recognize that management points such as “hospitalize for further care” or “educate patient and family about the newly diagnosed chronic disease,” or “establish follow up in x days/weeks” are appropriate to include here. DO NOT “cut and paste” text from the CLIPP website. It should also include follow up plans and patient/parent education as an important aspect of the plan.

Temporarily on hold due to COVID)

Interprofessional education during training is increasingly recognized as a core element of comprehensive medical training. During the Pediatrics Clerkship, you will partner with students from the Rush College of Nursing to participate in the initial evaluation and management of a pediatric patient and provide care in an interdisciplinary team.
The objectives of the session include:

- Demonstrate basic proficiency in obtaining a focused pediatric history using clear, compassionate, jargon-free language.
- Perform a focused physical exam and provide appropriate initial management of a pediatric patient.
- Formulate a differential diagnosis for a pediatric patient.
- Demonstrate effective interprofessional teamwork and clear and effective team communication (including closed-loop).

Each session will follow this tentative schedule:

1. Introduction to the Simulation Lab and the Pediatric Interprofessional Simulation Experience (15 minutes)

2. Scenario #1 (10 minutes)
   1. Debriefing (30-40 minutes)

4. Scenario #2 (10 minutes)
   1. Debriefing (30-40 minutes)

6. Complete Evaluations (5 minutes)

Please refer to your schedule to see when your session will occur. Be sure to bring your white coat, stethoscope, and any other materials that you would typically use in the clinical environment.

One of the important aspects of becoming a physician is learning how to effectively educate patients and their families. You will be asked to use a standard assessment tool to assess the child’s caretaker’s health literacy or provide discharge education.

Patient education- You will also be asked to educate the caretaker/patient on a topic of your choice, and receive feedback on your presentation from the patient/caretaker. You will be provided with a link for an online video explaining the project in more detail. There are also examples of useful apps and websites on Blackboard. This is best done during inpatient experience, but outpatient may work as well. Following this, we will meet during one of the last weeks of the clerkship to share with your peers what you have taught. You will need to have a caretaker fill out a google doc on your teaching. There is a video explaining the steps available of Blackboard.

Patient Discharge- this is an option instead of the patient education assignment. You are expected to explain the discharge plan for a complex patient. The forms are available on blackboard to explain expectations in more detail.
This clerkship uses microevaluation for encounters that are less than 2 days, except with the preceptor. These links are available on Blackboard and orientation slides. They should be used in acute care and ER shifts, and may be used in other encounters that are brief, such as on a switch day when you interact only one day with faculty. They may also be used in subspecialty, depending on your schedule. It is the student’s responsibility to pull up these microevaluations on the computer for the resident or attending. You should have at least 6 total, including 2 attendings and 2 residents. You may get more than one from a shift (example- 1 from resident, 1 from attending on the same shift).

### Grading Policies

#### Course Grading Scale

Final course grades are determined using the allocation of credit for each assignment and exam listed within Course Content. The grading scale for the course will not be available until September 2020.

#### Timeframe for Reporting Grades

4 weeks from the last day of the clerkship experience, 2 week extension may be granted by OIME.

#### Assignment Submission

All clerkship materials must be submitted by the last day of the clerkship (day of the NBME examination by 5pm) unless exception granted by clerkship leadership.

#### Late Assignments

Any materials submitted after the deadline above will potentially affect professionalism and thus the final grade on the clerkship.

#### Late Exams

NBME shelf examination must be taken at the time scheduled by OIME unless otherwise approved – Link to NBME absence policy

#### Attendance Expectations

Link to Formal Attendance Policy

#### Participation Expectations

See above

### Grade Breakdown

| Assessment Name                        | Assessment Method*                      | Type**                     | % of grad
|---------------------------------------|-----------------------------------------|----------------------------|-----------
<p>| Student Performance Evaluations (clinical) | Clinical Performance Rating/Checklist  | Formal summative           | 18.75% attendings 18.75% residents |
| Micro Evaluations                     | Clinical Performance Rating/Checklist  | Formal summative           | 12.5%     |
|                                       | Exam - Nationally Normed/ Standardized, Subject |                           |           |</p>
<table>
<thead>
<tr>
<th>Component</th>
<th>Assessment Method</th>
<th>Weightage</th>
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<tbody>
<tr>
<td>NBME examination</td>
<td>Formal summative</td>
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</tr>
<tr>
<td>Homework – CLIPP Cases</td>
<td>Formal summative</td>
<td>10%</td>
</tr>
<tr>
<td>Evidence-Based Practice Presentations</td>
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<td>10%</td>
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<tr>
<td>Observed History and Physical Examination Skills</td>
<td>Formal formative</td>
<td>P/F</td>
</tr>
<tr>
<td>Patient Write Up</td>
<td>Formal Summative</td>
<td>5%</td>
</tr>
<tr>
<td>Feedback Cards</td>
<td>Informal formative</td>
<td>P/F</td>
</tr>
<tr>
<td>Patient contact/procedural log/simulation procedure skill/patient oral presentation</td>
<td>Informal formative, formal formative</td>
<td>P/F</td>
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**Course Communication**

- All correspondence regarding the course should be sent to both the Clerkship Director (or designee) and the Clerkship Coordinator listed above.
- All requests for time off should go through the survey gizmo link [here](http://www.surveymonkey.com/s/33856816/Integrated-Curriculum-Petition-for-Exemption-from-Mandatory-Attendance-Event/).
- Timeframe for Faculty Response to Students:
  - Current clerkship Issues: 48 hours
  - Time off requests: 2 weeks
  - Grade reconsideration requests: 4 weeks

**Expectations for professional behavior/ ‘Netiquette’**

- See RMC Professionalism policy in Common Core Syllabus

All students are expected to:

1. Show respect for other students and the instructors in the class.
2. Be sensitive to the fact that there will be cultural and linguistic backgrounds, as well as different political and religious beliefs.
3. Express differences of opinion in a polite and rational way.
4. Maintain an environment of constructive criticism when commenting on the work of other students or the course.
5. Respect the privacy of other students.
6. Use good grammar and spelling.
7. Use salutations and titles in your messages. Formal titles (Dear Dr. Smith, Dear Professor, Dear Classmates) are always acceptable. It is also appropriate to end your note with a closing, (Thank you, Sincerely, Respectfully) when emailing students or faculty.
8. Be sure to say please and thank you.
9. Send only one message about a topic and wait for an answer.
10. Write your messages in formal language using sentences, capitalization, punctuation, and
Strategies for Success

How to Excel in Clinical Clerkships

• Practitioner
  • Take ownership of your patients. Know their pertinent data and lab and test results. Try to formulate a plan for their care.
  • Become an active member of your team.
  • Read specifically about your cases on a daily basis and ask informed questions about your patients during rounds.
  • Be available and enthusiastic when on call.
  • Practice your presentations so they are fluent, concise, complete, and dynamic.

• Medical Knowledge
  • Carry some reading material with you for “down time.”

• Professional
  • Manage stress by eating sensibly, exercising, getting sleep in your off hours, and confiding in family and friends.
  • Know your responsibilities, regardless of the setting.
  • Keep track of all of your patients, your course requirements
  • Turn things in on time!

• Scholar
  • Seek learning opportunities from every patient encounter.
  • Recognize that you are responsible for your own learning: the more you put into the experience, the more you will get out of it.
  • Display intellectual curiosity.
  • Use information-seeking skills to address any knowledge deficiencies.
  • Develop a reading plan (e.g., if a text has 24 chapters, try to read three chapters a week)

• Advocate
  • Identify opportunities to identify patient healthcare barriers and pursue options to help them overcome.
  • Evaluate the health care system and pay attention to societal factors that play a role in patient health

• Leader
• Collaborator
  • Take the time to learn from EVERYONE on the health care team: nurses, physical therapists, patient techs – they often have the most relevant and up to date patient information.

RESOURCES and SUPPORT
### Resources for Technology Problems

If you need help with Blackboard, call the Help line at (312) 563-CLAS, option 2. The Blackboard help line is available 24/7/365.

If you need help with access to your Rush computer account or software, call the Rush University Help desk at (312) 563-CLAS, option 4.

### Counseling Center

The Rush University Counseling Center offers free, confidential services to all currently enrolled Rush University students. The Center is staffed by clinical psychologists who can help you address a wide range of issues. For more information regarding the Center and its services call (312) 942-3687.

All students, including distance learners, have access to the Student Assistance Program at 1-800-292-2780.

### Center for Academic Excellence

The CAE provides holistic, targeted learning support for Rush University students. The services provided range from support in science, statistics, and writing to academic coaching.

All students, including distance learners, have access to the CAE Monday thru Thursday 9 a.m. to 4:00 p.m. Additional hours by appointment only.

The CAE is located in the Armour Academic Center, Room 588, Rush Library. Phone: (312) 563-1800. General inquiries: CAE@rush.edu

## UNIVERSITY POLICIES

### Academic Policies

Students are responsible for following all Rush University policies and the policies that are specific to their college of admittance. Please refer to the Rush University Student Handbook and the relevant College Student Handbooks for more information. Selected policies are described below.

### Disability Accommodations

Rush University is committed to attracting and educating students who will help to make the health care profession representative of the national population, including individuals with disabilities. Part of Rush University’s mission is to promote diversity among its student population and to provide equal access to its facilities, programs, services and learning opportunities. In keeping with this mission, the University encourages students with disabilities to engage the Office of Student Accessibility Services as soon as they begin their program.

Students should contact Marie Ferro-Lusk, Manager, Office of Student Accessibility Services at Rush University, to engage in a confidential conversation about the process for
requesting reasonable accommodations in the classroom and clinical settings. Accommodations are not provided retroactively at the University. Additional information can be found online at the Office of Student Accessibility website or by contacting the Office of Student Accessibility Services. In order to respect students’ privacy and ensure a thoughtful interactive discussion, students should not make accommodation requests to individual faculty members, lecturers, or course directors; instead, please contact:

Marie Ferro-Lusk, MBA, MSW, LSW
Director, Office of Student Accessibility Services Armour Academic Center Suite 901
Phone: (312) 942-5237
Fax: (312) 942-2778
Email: marie_lusk@rush.edu
Website (https://www.rushu.rush.edu/office-student-accessibility-services)

Honor Code and Academic Honesty

Students are expected to abide by the Rush Honor Code relating to academic integrity throughout all aspects of this course, including all assignments and exams. As trusted health care professionals, we take the issue of academic integrity very seriously and expect that you will adhere to the highest standards of integrity at all times.

Rush University students and faculty belong to an academic community with high scholarly standards. As essential as academic honesty is to the relationship of trust fundamental to the educational process, academic dishonesty violates one of the most basic ethical principles of an academic community, and will result in sanctions imposed under the University’s disciplinary system. A partial list of academically dishonest behaviors that would subject a student to disciplinary action includes:

- **Cheating**: Using unauthorized material or unauthorized help from another person in any work submitted for academic credit.
- **Fabrication**: Inventing information or citations in an academic or clinical exercise.
- **Facilitating Academic Dishonesty**: Providing unauthorized material or information to another person.
- **Plagiarism**: Submitting the work of another person or persons, as one’s own without acknowledging the correct source.
- **Unauthorized Examination Behavior**: Conversing with another person, passing or receiving material to/from another person or temporarily leaving an examination site to visit an unauthorized site.

Intellectual Properties Protection

All materials contained within this syllabus, course and course materials, whether in written form or presented through video or audio transmission, represent the intellectual property of faculty or Rush University Medical Center. Students are prohibited from sharing or transmitting content or materials through any media without express consent or permission of the copyright holder.

Prohibition against

Click on link below to access the RUMC policy “Prohibition against Harassment, Discrimination, and Sexual Misconduct.” The procedure for reporting harassment, discrimination, and/or sexual misconduct is found on p. 3.
### Syllabus: Psychiatry

**RUSH UNIVERSITY RUSH MEDICAL COLLEGE**

<table>
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<tr>
<td><strong>Contact</strong></td>
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<tr>
<td>Bezalel Dantz, MD; Psychiatry Clerkship Director</td>
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### Syllabus: Surgery

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<td>Benjamin Veenstra, MD and Ami Shah, MD ; Surgery Clerkship Directors</td>
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